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House Document

No. 122

FINANCIAL DISCLOSURE REPORTS
MEMBERS OF HOUSE OF REPRESENTATIVES
103d CONGRESS
JANUARY 1–DECEMBER 31, 1992
VOLUME 2 OF 3 VOLUMES

United States Congressional Serial Set

Serial Number 14183

United States Government Printing Office
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FINANCIAL DISCLOSURE

REPORTS

OF MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES OF THE 103D CONGRESS

FOR THE PERIOD

January 1, 1992 to December 31, 1992

COMMUNICATION FROM THE CLERK OF THE HOUSE PURSUANT TO 2 U.S.C. 703(d)(1) AND RULE XLIV, CLAUSE 1 OF HOUSE RULES

(Volume 2 of 3)

JULY 23, 1993.—Referred to the Committee on Standards of Official Conduct and ordered to be printed

U.S. GOVERNMENT PRINTING OFFICE

70–598 WASHINGTON : 1993

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
CERTIFICATE OF FILING
1993 MAY 11 PM 2 31
CLERK OF THE HOUSE
U.S. HOUSE OF REPRESENTATIVES

(10)

HAND DELIVERED

MC

(Office Use Only)

W. G. (Bill) Hefner
(Full Name)

2470 Rayburn Building
(Mailing Address)

Washington, D. C. 20515

Daytime Telephone: (202) 225-3715

Filer Status	[X] Member of the U.S. House of Representatives	State: NC District: Eighth	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL W. G. Bill Hefner

DATE (Month, Day, Year) 5/11/93

1415

Reporting Individual's Name
W. G. (Bill) Hefner

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Long and Foster Real Estate	Spouse Commissions	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name

W. G. (Bill) Hefner

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	Aerospace Industries Association	Dinner meeting	April 28, 1992	1,000
	Smokeless Tobacco Council, Inc.	Charity golf tournament	June 1, 1992	1,000

This page may be copied if more space is required.

Reporting Individual's Name

W. G. (Bill) Hefner

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)										Block D Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Example: ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	162 Main Street, Dover, Delaware					X							X									X							
	Fidelity Municipal Bond Fund				X							X			X							X							X
	Putnam Tax Free Insured Fund	X										X			X									X					X
	General Electric Co. stock				X							X									X								
	Occidental Petroleum stock				X							X										X							X
	Philip Morris Co. stock					X						X										X							X
	Wal-Mart Stores, Inc. stock				X							X								X									

For additional assets and unearned income, use next page

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: W. G. (Bill) Hefner

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Smallcap World Fund stock			x								x										x							
	Tyson Food, Inc. stock			x								x								x									
	Nations Bank Corp. stock				x							x										x							
	Time Warner, Inc. stock			x								x									x								
	Kemper Tax Exempt Ins. Income Trust			x								x										x							
	Centennial Money Market Trust			x								x								x									x
	Gillette Co. stock			x								x									x								
	IBM Corp. stock	x										x									x								x
	Mutual Benefit Theatre Partners III		x															Partnership Inc.					x						
	Metro Washington, D.C. 8% Airport Bonds		x											x							x								
	Fidelity Capital Appreciation Fund	x																SEP-IRA Retirement	x										x
	Fidelity Low-Priced Stock Fund			x														SEP-IRA Retirement	x										x
S	Washington Mutual Investors Fund		x															IRA	x										
	Congressional Federal Credit Union			x										x							x								

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: W. G. (Bill) Hefner

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
House, 1065 North Main Street,																												
Arlington, VA						X						X											X					
Food Lion "B" stock	X										X			X										X				X

Schedule III—Continuation

Reporting Individual's Name
W. G. (Bill) Hefner

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	IBM Corp. stock	x			03/25/92		x					
	IBM Corp. stock		x		11/10/92		x					
	General Cinema Corp. stock		x		11/21/92	x						
	First Charter Corp. stock		x		01/27/92	x						
	Occidental Petroleum stock		x		03/02/92		x					
	Food Lion "B" stock		x		03/25/92		x					
	Putnam Tax Free Insured Fund		x		Var - 1992				x			
	Fidelity Municipal Bond Fund		x		Var - 1992		x					
	Philip Morris Co. stock	x			03/02/92		x					
	Gillette Co. stock	x			03/25/92		x					
	Fidelity Capital Appreciation Fund		x		12/28/92		x					
	Fidelity Low-Priced Stock Fund	x			12/28/92		x					
	Centennial Money Market Trust	x			Var - 1992		x					

Reporting Individual's Name

W. G. (Bill) Hefner

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 162 Main St. Dover, Del.				X			
	Fleet Real Estate Funding Corp. Florence, SC	Mortgage on 1065 North Main Street, Arlington, VA			x				
	A. G. Edwards & Son, Inc. Alexandria, VA	Margin account	x						

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name

W. G. (Bill) Hefner

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	American Telephone & Telegraph	April 21-22	Washington,D.C.-Greensboro, NC-Washington, D.C.	Y	Y	None	N

This page may be copied if more space is required.

Reporting Individual's Name
W. G. (Bill) Hefner

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Limited Partner	Mutual Benefit Theatre Partners, III

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1988 [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

Paul B. Henry
(Full Name)

190 Robinwood Lane SE, Grand Rapids, MI 49506 616-774-2863
(Mailing Address) Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives	State: Michigan District: 3rd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

1992 MAY 11 PM 1:30

HAND DELIVERED
MC
(Office Use Only)

1425

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? If yes, Complete and Attach Schedule I.	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, Complete and Attach Schedule VI.	Yes [X]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, Complete and Attach Schedule II.	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, Complete and Attach Schedule VII.	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, Complete and Attach Schedule III.	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, Complete and Attach Schedule VIII.	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, Complete and Attach Schedule IV.	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? If yes, Complete and Attach Schedule IX.	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, Complete and Attach Schedule V.	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See instructions, page 10)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Paul B. Henry

DATE (Month, Day, Year): May 11, 1993

Reporting Individual's Name
Paul B. Henry

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Butterworth Hospital - Grand Rapids, MI	Spouse salary	N/A

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Paul B. Henry

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that *are not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
			Wright Patman FCU, Old Kent Bank Savings & Checking in aggregate			X									X							X								
			Charles Schwab & Co.			X							X								X									
			Merrill Lynch & Co.	X												X						X								X
			Charming Shoppes, Inc.	X												X						X								X
			Oakwood Homes Corp.	X												X						X								X
			Michigan St. HSG	X												X					X									X

For additional assets and unearned income, use next page

Reporting Individual's Name: Paul B. Henry

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Merrill Lynch & Co. - Stock		X		2/21/92	X						
	Charming Shoppes, Inc. - Stock		X		3/5/92	X						
	Oakwood Homes Corp. - Stock		X		3/11/92	X						
	Michigan St. HSG - Stock		X		11/2/92	X						

Schedule IV

Reporting Individual's Name
Paul B. Henry

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)							
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	None								

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
Bob Hooker/Peter Cook, Grand Rapids, MI	corporate aircraft provided to transport self, wife, and minor child to Mayo clinic (waiver recvd from Committee on Standards)	$5,000

Use additional sheets if more space is required.

Reporting Individual's Name
Paul B. Henry

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Printing Ind Of America	6/13/92	Grand Rapids, MI	N	Y	None	None
			Garland, MI (Rd trip				
			chartered air)				

This page may be copied if more space is required.

Reporting Individual's Name

Paul B. Henry

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Member of Board	Economic Club of Grand Rapids

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1.3.85	State of Michigan	coverage for health, life insurance, vested retirement per Michigan State law
12.31.75	TIAA/CREF Calvin College	retirement annuity payout at age 65

GPO: 1983 O-535A (pm)

1432

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 AM 10: 22
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(5)

HAND DELIVERED

MC

(Office Use Only)

WALTER WILLIAM HERGER, JR.
(Full Name)

2433 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone (202) 225-3076

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 2nd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Wally Herger

DATE (Month, Day, Year) May 12, 1993

Reporting Individual's Name: HERGER

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)										Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	162 Main Street, Dover, Delaware					X							X									X							
	Rental House (Rio Oso, CA)						X						X											X					
	Herger Ranch (Rio Oso, CA)								X										X										
	Herger Gas, Inc. (Rio Oso, CA)								X									S-Corp. Allocation							X				
	Montrose Barber Investment				X										X				X										
	(Sacramento, CA)																												
	IRA - Shearson, Lehman			X														N/A			X								

For additional assets and unearned income, use next page

Schedule III

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: HERGER

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Savings (Congr. Federal Credit Union, WDC)			X										X							X							

Schedule III – Continuation

Reporting Individual's Name

HERGER

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 8-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Congressional Institute Inc.	Feb. 28 - Mar. 1	WDC - New Jersey - WDC	Y	Y	Spouse	N
	Klamath Alliance for Resources & Environment	June 26-28	WDC - Redding, CA - WDC	Y	Y	Spouse	N
	National Agricultural Chemicals Assoc.	Sept. 25-28	WDC - W. VA - WDC	Y	Y	Spouse	N
	Congressional Institute Inc.	Dec. 4-6	WDC - Williamsburg - WDC	Y	Y	Spouse	N

This page may be copied if more space is required.

Reporting Individual's Name
HERGER

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Director	Herger Gas, Inc. (Propane Gas Distributor, Rio Oso, CA)

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1992 88-838A (25)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 PM 3:43
U.S. HOUSE OF REPRESENTATIVES

(4)

MC

HAND DELIVERED
(Office Use Only)

Earl F. Hilliard
(Full Name)

1625 Castleberry Way (202) 226-2665
(Mailing Address) Daytime Telephone

Birmingham, Alabama 35214

Filer Status	[X] Member of the U.S. House of Representatives	State: AL District: 7th C.D.	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** N/A	Yes [ ]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** N/A	Yes [ ]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL Earl F. Hilliard DATE (Month, Day, Year) 5/14/93

Reporting Individual's Name
Eari F. Hilliard

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Hilliard and Burns, P.C.	Salary	$34,760.00
	State of Alabama	Salary / Expenses	$32,490.00
	Alabama Cable Television Assoc. (04-01-92)	Honoraria	$500.00

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name: Earl F. Hilliard

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X							X
	Examples: George Wash. Credit Union Accounts				X									X									X					
	Examples: 182 Main Street, Dover, Delaware					X							X									X						
	State of Ala. Pension Fund			X															X									
	Hilliard for Congress (Account Receivable)				X														X									

For additional assets and unearned income, use next page

Schedule III

Reporting Individual's Name
Earl F. Hilliard

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	AmSouth Bank, Birmingham, Al.	Signature Loan		X					

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF MINORITY & EMPLOYMENT
1993 MAY 13 PM 12:28
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(4)

HAND DELIVERED

MC (Office Use Only)

MAURICE D. HINCHEY
(Full Name)

3101 POWDERMILL RD.
SAUGERTIES, NY 12477
(Mailing Address)

Daytime Telephone: 202-225-6335

Filer Status	[X] Member of the U.S. House of Representatives	State: N.Y. District: 26	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Maurice D. Hinchey

DATE (Month, Day, Year): 5/12/93

Reporting Individual's Name
Maurice Hinchey

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	SAWYER SAVINGS BANK, SAUGERTIES, N.Y.	DIRECTOR FEE	1,400

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name: MAURICE Hinchey

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) – None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) – DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) – None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
SP, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.																												
S	Example: ABC Corporation Stock			X								X									X								X
	Example: George Wash. Credit Union Accounts				X									X									X						
	Example: 162 Main Street, Dover, Delaware					X							X									X							
	ALFACALL CORP. STOCK			X															X										
	PRUDENTIAL MUTUAL FUND			X															X										

For additional assets and unearned income, use next page

Reporting Individual's Name
MAURICE Hinchey

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
DIRECTOR	WAMC PUBLIC RADIO (UNCOMPENSATED)
DIRECTOR	SAUGERTIES SAVINGS BANK, SAUGERTIES, NY (RESIGNED IN 1990)

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1990 60-636A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 PM 3:55

(13)

HAND DELIVERED

MC
(Office Use Only)

Peter J. Hoagland
(Full Name)

1113 Longworth House Office Building
(Mailing Address)

Daytime Telephone: 202-225-4155

Washington, D.C. 20515-2702

Filer Status	[X] Member of the U S House of Representatives — State: NE District: 02	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	**DATE (Month, Day, Year)** 5/14/93

1445

Reporting Individual's Name
Peter J. Hoagland

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Law Offices of Peter Hoagland -- See Addendum A	legal fees	

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
Peter J. Hoagland

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C	Speech	Feb. 2, 1992	$2,000
XYZ Magazine	Article	Aug. 13, 1992	$500
-- none --			

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Reporting Individual's Name
Peter J. Hoagland

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT — Examples: S — ABC Corporation Stock			X								X									X									X
George Wash. Credit Union Accounts				X									X									X							
182 Main Street, Dover, Delaware					X							X									X								
Fidelity Cash Reserves					X						X											X							
Congressional Federal Credit Union - Family Account			X										X							X									
Congressional Federal Credit Union - Personal Account			X										X							X									
Norwest Money Market Savings			X														n/a												
Vanguard Fixed Income Sec. Fd. (Keogh)					X												n/a												
Fidelity High Income Fund (IRA)			X														n/a												

For additional assets and unearned income, use next page

1448

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Peter J. Hoagland

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $1,000,000	
	Fidelity Flexible Bond Fund (Spousal IRA)		X														n/a										
	Carpenter Cottage Corp.					X											*	X									
	Loan to Hoagland for Congress Comm.					X								X				X									
	Hoagland Family Partnership - See Addendum B																										
	* The sole assets of the Carpenter Cottage Corporation consist of a cottage and land at Omaha Beach, Lake Okoboji, Iowa. All outstanding stock is owned by me and other family members.																										

Reporting Individual's Name
Peter J. Hoagland

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Hoagland Family Partnership - See Addendum C											

Reporting Individual's Name
Peter J. Hoagland

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash, D C.—Chicago—Wash, D C	N	Y	None	N
	ABC Corporation	Aug 6-13	Wash, D C —Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	American Bankers Association	Feb. 13-15	Wash. D.C. - Ft. Lauderdale FL. - Omaha, NE	Y	Y	None	N

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Reporting Individual's Name

Peter J. Hoagland

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

Positions	Name of Organization
proprietor	Law Office of Peter Hoagland

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1992 59-835A (m)

Peter J. Hoagland

Addendum A

Schedule I - Earned Income

Peter Hoagland received fees and reimbursed costs totaling $17,222 for work done on cases in 1990, 1989, and before, and completed by other attorneys in 1992

Peter J. Hoagland

Addendum B

Schedule III - Assets and "Unearned" Income

The Hoagland Family Partnership is a partnership consisting of members of the Hoagland family formed for the purpose of investing funds in the stock and bond markets. The assets of the partnership on December 31, 1992, were as follows. The valuation, type of income, and category of amount of income columns indicate my share, not that of the Partnership.

Description	Valuation	Type of Income	Category of Amount of Income
Common Stock			
ALLERGAN INC COM	B	Div	I
BANKAMERICA CORP COM	B	Div	I
CHINA FD INC CON			
CIBA GEIGY A.G. SPONSORED AMER DEPY RCPT	B	Div	I
HEWLITT-PACKARD CO COM	B	Div	I
HOLLY CORP COM	B	Div	I
INTEL CORP COP	B	Div	I
ADR GLO ITO YOKADO LTD. A.D.R. NEW 50 VEN	B	Div	I
MANITOWOC CO. INC. COM.	B	Div	I
ADR MATSUSHITA ELEC INDL CO LTD A.P.R.	B	Div	I
MC DONALDS CORP COM.	B	Div	I
NWNL COMPANIES INC. COM.	B	Div	I

Description	Valuation	Type of Income	Category of Amount of Income
NATIONSBANK CO PR. COM.	B	Div	I
ADR NESTLE SA	B	Div	I
PURITAN-BENNETT CORP CON.	B	Div	I
SUN MICROSYSTEMS INC. CON.	B	Div	I
ADR TELEFONOS DE MEX	B	Div	I
TRINITY IND INC COM	B	Div	I
VAL NATL CORP COM.	B	Div	I
Municipal Bonds			
AK ST HSG FIN CORP HOME	B	Int	I
CARBONDALE ILL MTG REV	B	Int	I
CG PK GA BUSINESSES & INDL DEV AUTH	B	Int	I
ESPANOLA N.MEX HOSP SYS	B	Int	I
FLA ST MUN PWE AGY	A	Int	I
GRAND RIV DAM AUTH OKLA	B	Int	I
GRTR OAKLAND AVIATION AUTH FLA AIRPT FAC	B	Int	I
MICH ST HOSP FIN AUTH	B	Int	I
MD ST HSG DEV COMMN	A	Int	I

Description	Valuation	Type of Income	Category of Amount of Income
OCEAN TWP NJ SWR AUTH	B	Int	I
P.R. COMWLTH AQUEDUCT & SWR AUTH	B	Int	I
PUERTO RICO HSG FIN CORP	B	Int	I
RHODE ISLAND ST PB BLDGS AUTH	B	Int	I
SEATTLE WASH MUN LT & PWR	B	Int	I
WASH PUB PWR SUP SYS NUCLEAR PROJ	B	Int	I

Peter J. Hoagland

Addendum C

Schedule IV - Transactions

The following transactions of Hoagland Family Partnership assets occurred between the dates of August 10, 1992 and January 1, 1993, which is the period in 1992 during which I had an interest in the Partnership. The amounts indicated are for my share of each transaction.

Description	Purchase Date	Sale Date	Amount of Transaction
Purchases:			
Trinity Ind Inc	10/1		B
Trinity Ind Inc	10/14		B
ADR Glo Ito Yokado APR's	11/3		B
NWNL Companies Inc.	11/10		B
Sales:			
Microcom		9/1	B
Georgia Pacific		10/7	B
VideoCart		10/27	B
Boeing		10/30	B

PETER HOAGLAND
2ND DISTRICT, NEBRASKA

1113 LONGWORTH HOUSE
OFFICE BUILDING
WASHINGTON, D.C. 20515-2702
(202) 225-4155

8424 ZORINSKY FEDERAL BUILDING
215 NORTH 17TH STREET
OMAHA, NEBRASKA 68102-4910
(402) 344-8701

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1993 JUL -1 PM 4:51
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U.S. HOUSE OF REPRESENTATIVES

COMMITTEE ON
WAYS AND MEANS

SUBCOMMITTEES
TRADE
SELECT REVENUE MEASURES

Congress of the United States
House of Representatives

July 1, 1993

1
✓
MC

Bernard Raimo, Esq.
Chief Counsel
Committee on Standards of Official Conduct
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Raimo:

Thank you very much for your letter of May 21, 1993, requesting additional information concerning my Financial Disclosure Statement filed with the Clerk of the House of Representatives on May 14, 1993.

First, with respect to Schedule III, the type of income from the Norwest Money Market Savings Account was interest income in the category "Less than $201.00". I should also note that the year end value should be shown as "Less than $1,001.," rather than "$1,001 - $15,000."

Second, with respect to Schedule IV, my interest in the holdings listed in Addendum B and Addendum C were acquired immediately upon the death of my mother on August 11, 1992. That explains why they were not listed in the 1991 report.

If you have any additional questions, please advise.

With best wishes,

Sincerely,

Peter Hoagland

THIS STATIONERY PRINTED ON PAPER MADE WITH RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

(14) RECEIVED
1993 MAY 17 AM 11:55
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

David L. Hobson
(Full Name)

482 Longford Close East
(Mailing Address)

Daytime Telephone:

Springfield, Ohio 45503

Filer Status	[X] Member of the U.S. House of Representatives — State: ____ District: ____	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

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MC (Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [X]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (*See* 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: David L. Hobson

DATE (Month, Day, Year): 5-13-93

Reporting Individual's Name

David L. Hobson

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Uct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name

David L. Hobson

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	Health-R-US	Speech	March 9, 1992	$1,000.00

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David L. Hobson

...le III — ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S — ABC Corporation Stock			X								X									X								X
George Wash. Credit Union Accounts				X									X									X						
182 Main Street, Dover, Delaware					X							X									X							
Salem Olive Associates (Partnership Olive Rd., Dayton OH (Bldg & Land)						X						X					Partnership Loss	X										
Nineteen Thirty S. Limestone (Partnership) Springfield OH						X					X	X								X								
Land in I-FOUR Partnership 2141 N. Limestone St Springfield OH				X								X					Partnership Loss	X										
Land in I-FOUR Partnership 2214 N. Limestone St Springfield				X								X					Partnership Loss	X										
Grandview Storage Assoc.(Partnership) 4.5 Acres, Urlin Ave., Columbus OH								X				X					Partnership Loss	X										
Leader-Interest in Oil Well Partnership Columbus OH			X														Oil & Gas Partnership			X								

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

David L. Hobson

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.																												
	Cablevision of Baton Rouge (Ltd.Ptnrshp) Englewood CO				X													Partnership Loss	X										
	Hobson/Marcum Farm (Partnership) 185 acre Farm, Allenville OH				X													Partnership Loss	X										
	Retirement Resources, Inc. (S-Corp) Springfield OH			X														S-Corp Loss	X										
	721 E. High St. (Residential Rental) Springfield OH (Joint Ownership)					X							X											X					
	Fujiyama Columbus Partnership Note Receivable								X					X											X				
	Fujiyama Indianapolis Partnership Note Receivable					X								X										X					
	Retirement Resources, Inc. Note Receivable				X									X					X										
	Ramada Inn/Parke Hotel Note Receivable					X								X					X										
S	Delaware Group (Mutual Fund)				X							X										X							
	Kemper Technology (Mutual Fund)			X								X			X						X								X
	American Bancorp (Stock)		X									X								X									
	Cooker Restaurant Corp (Stock)									X		X										X							
	IBM Corporation (Stock)			X								X								X									
	Security Banc Corp (Stock)				X							X									X								
S	Security Banc Corp (Stock)				X							X										X							

... AND "UNEARNED" INCOME

David L. Hobson

...ended)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
S	Proctor & Gamble Company (Stock)			X								X								X									
	Financial Land Corporation (Stock)					X						X							X										
	Int'l Basic Resources (Stock)			X								X							X										
S	Avon, Inc. (Stock)			X								X								X									
S	Union Electric (Stock)			X								X									X								
	Fidelity Investment Advisors (Stock)				X							X							X										
	Society Nat'l Bank (CD) Dayton OH					X								X									X						
	Fifth Third Bank (CD) Columbus OH				X									X								X							
	ASSETS IN SOCIETY BANK GRANTOR TRUST Hamilton County OH Hospital Bond				X									X								X							
	Clermont County OH Hospital Bond				X									X								X							
	Ohio State Building Bond				X									X									X						
	Wright State University Bond				X									X								X							
	Society Money Market Fund			X										X							X								
	Land 5+ acres (1/3 ownership) Emerson Avenue, Indianapolis IN						X												X										
	Land 3.1 acres (1/3 ownership) Cleveland Avenue, Columbus OH						X												X										

Schedule III—Continuation

... AND "UNEARNED" INCOME

...ued)

David L. Hobson

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	Eagle City Road, Springfield OH Hobson/Kaffenbarger/Noonan (Ptnrship)				X								X					Partnership Loss	X										
	Proctor & Gamble (Stock)			X								X								X									X
	Chevron Corporation (Stock)			X								X								X									X
	Merck & Company, Inc. (Stock)			X								X								X									X
	STOCKS HELD IN IRA ADVEST A/C 161-48652:																												
	First Franklin Corp			X								X								X									X
	The Limited, Inc.			X								X								X									
	Ohio Edison			X								X								X									
	Proctor & Gamble			X								X								X									
	Society Corp			X								X								X									
	Cooker Restaurant			X								X								X									X
	Perpetual Savings Bank			X								X							X										X
	STOCKS HELD IN IRA ADVEST A/C 163-53617																												
	Airborne Freight Corp		X									X								X									

Schedule III—Continuation

...S AND "UNEARNED" INCOME

...needed)

David L. Hobson

B, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.																												
	STOCKS HELD IN IRA ADVEST A/C 163-53617 (CONTINUED)																												
	Financial Land Corp			X								X							X										
	First Franklin Corp			X								X								X									
	The Limited, Inc.			X								X								X									
DC	Kroger Co. Debenture			X										X							X								
	Ohio Public Employee Retirement Fund				X													Future Retirement Benefits	X										

Schedule III—Continuation

Reporting Individual's Name

David L. Hobson

SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Marietta GA Housing Bond 7/20/87		X		7-1-92		X					
	Kemper Technology Fund (Mutual Fund)		X		Various		X					
	Proctor & Gamble Company (Common Stock)	X			5-8-92	X						
	Chevron Corporation (Common Stock)	X			2-20-92	X						
	Phillip Morris Company (Common Stock)	X	X		2-20-92 4-29-92	X						
	Merck & Company, Inc. (Common Stock)	X			2-20-92	X						
	RJR Nabisco Holding Corp (Common Stock)	X	X		2-20-92 4-29-92	X						
	TRANSACTIONS WITHIN IRA-ADVEST A/C 161-48652:											
	First Franklin Corp		X		5-6-92	X						
	Cooker Restaurant Corp	X			5-7-92	X						
	Perpetual Savings Bank	X			1-17-92	X						
	Amex 73-II (Ltd. Partnership)		X		1-1-92	X						
	Fujiyama Columbus (Partnership Interest)		X		1-1-92						X	
	Fujiyama Indianapolis (Partnership Interest)		X		1-1-92					X		
	Fujiyama International, Inc. (S-corporation Interest)		X		1-1-92				X			

David I. Hobson

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Society National Bank	One Year Note Secured by Stock			X				
	Huntington National Bank	Unsecured Personal Note		X					
	Huntington National Bank	Mortgage on 2141 N. Limestone		X					
	Huntington National Bank	Mortgage on 2214 N. Limestone		X					
	Carol Frantz	Land Contract in Excess of 3 Years			X				
	Vinton County Bank	Mortgage on 185 acre Farm		X					

**********SCHEDULE V - LIABILITIES (CONTINUED ON NEXT PAGE)**********

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
	N/A	

Use additional sheets if more space is required

David L. Hobson

SCHEDULE V—LIABILITIES (CONTINUED FROM PREVIOUS PAGE)

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Home Savings of Calif. Fujiyama Columbus	Mortgage on Fujiyama Restaurant					X		
	Star Bank of Central Ohio	Mortgage on Warehouse--Urlin Ave						X	
	Home City Savings	Mortgage on 1930 S. Limestone			X				
	Huntington National Bank	Mortgage on 3.1 acres, Columbus OH			X				
	Bank One Dayton--Salem Olive	Mortgage on Olive Road			X				
	Financial Land Corp	Business Note - Grandview Storage				X			
	Huntington Bank	Business Note - Eagle City Road		X					
	Society Bank	Mortgage on Fujiyama Rest. - IND				X			
	Bank One	Revolving Line of Credit		X					

Use additional sheets if more space is required.

David L. Hobson

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	NC Association of Medical Equipment Suppliers	Jan 24	Dayton OH - Durham NC - Springfield OH	Y	Y	None	N
	Congressional Charity Tennis Tournament/Greenbriar	Mar 6-8	N/A (Transportation at own expense)	Y	Y	Spouse	N
	Mead Corporation	Jun 19	Washington DC - Dayton OH	N	N	None	N
	Congressional Institute Williamsburg	Dec 4-6	N/A Transportation at own expense)	Y	Y	Spouse	N

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Reporting Individual's Name

David L. Hobson

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 26.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
	SEE ATTACHED PAGE 14 OF 14

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 28.

Date	Parties To	Terms of Agreement
1982--Present	State of Ohio Public Employee Retirement System	Continuing Participation in Retirement Plan

GPO: 1988 89-636A (pg)

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DAVID L. HOBSON
FINANCIAL DISCLOSURE STATEMENT
FOR CALENDAR YEAR 1992

SCHEDULE VIII - POSITIONS

POSITIONS	NAME OF ORGANIZATION
Trustee *	Wilberforce University
Trustee *	Urbana University
Director *	Cooker Restaurant Corporation
Director *	Retirement Resources, Inc.
Partner **	Leader Oil Well Limited Partnerships
Partner **	I-FOUR
Partner **	Cablevision of Baton Rouge, Ltd.
Partner **	Eastern Shelex 1985-A Ltd.
Partner **	Hobson/Marcum Farm
Partner **	Hobson/Kaffenbarger/Noonan
Partner **	Salem-Olive Associates
Partner **	Grandview Storage Associates
Partner **	Ninateen Thirty S. Limestone Partners

* The Trustee and Director positions were not compensated in 1992.

** The Partnerships are each included in Schedule III

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
... RECORDS & ... DIVISION
... MAY 19 PM 2:04
... CLERK

(5)
MAY 17 1993
MC
(Office Use Only)

GEORGE J. HOCHBRUECKNER
(Full Name)

1 WYCOMB PLACE
(Mailing Address)

CORAM, NEW YORK 11727

Daytime Telephone: 516 331-4331

Filer Status	☑ Member of the U.S. House of Representatives — State: NEW YORK District: 1	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes ☑	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes ☐	No ☑
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes ☐	No ☑	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes ☑	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes ☑	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes ☐	No ☑
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes ☐	No ☑	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes ☑	No ☐	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: George J. Hochbrueckner

DATE (Month, Day, Year): MAY 15, 1993

1473

Reporting Individual's Name
GEORGE HOCHBRUECKNER

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	STATE OF NEW YORK - EMERGENCY MANAGEMENT OFFICE	SPOUSE SALARY	NA.

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
GEORGE HOCHBRUECKNER

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
JT			REAL ESTATE 1/2 ACRE UNIMPROVED LOT CALIFORNIA CITY, CALIFORNIA			X																								
			WRIGHT PATMAN CREDIT UNION IRA - GEORGE HOCHBRUECKNER			X																								
			WRIGHT PATMAN CREDIT UNION IRA - CAROL ANN HOCHBRUECKNER			X																								

For additional assets and unearned income, use next page

Reporting Individual's Name
GEORGE HOCHBRUECKNER

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	WRIGHT PATMAN FEDERAL CREDIT UNION	PERSONAL LOAN		X					

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
GEORGE HOCHBRUECKNER

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 8–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	CONGRESSIONAL COMPETITIVENESS CAUCUS	JAN 22-24	WASH. DC – AUSTIN, TX – SAN JOSE, CAL – WASH. DC	Y	Y	SPOUSE	
	U.S.-JAPAN ECONOMIC AGENDA	NOV 9-16	N.Y.C – TOKYO, JAPAN – SAN FRANCISCO – N.Y.C.	Y	Y	SPOUSE TRAVEL AT PERSONAL EXPENSE	

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
RECORDS & REGISTRATION
MAY 26 PM 2:54

Peter Hoekstra
(Full Name)

1454 Cimarron Dr.
(Mailing Address)

Holland Mi 49423

Daytime Telephone: 616-335-2343

MAY 17 1993

(Office Use Only)

Filer Status	☒ Member of the U.S. House of Representatives — State: Mi District: 2nd	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes ☐	No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes ☐	No ☒	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes ☒	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes ☒	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes ☒	No ☐	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes ☐	No ☒
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL Peter Hoekstra

DATE (Month, Day, Year) 5/17/93

1478

Reporting Individual's Name

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Herman Miller, Inc. Zeeland, Mi.	Prior employer Salary & Bonus	$86,333.

For payments to charity in lieu of honoraria, use Schedule II

Page 2 of ___

Schedule I

Reporting Individual's Name

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	NONE			

This page may be copied if more space is required.

Page 3 of ___

Schedule II

Reporting Individual's Name

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)													Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock			X								X									X										X
		George Wash. Credit Union Accounts				X									X									X								
		182 Main Street, Dover, Delaware					X							X									X									
JT	Synergen Corp Stock				X								X								X											
JT	Utah Medical Corp Stock					X							X								X											
JT	Herman Miller Corp Stock				X								X								X											
JT	Personal Acct. Old Kent, Holland				X										X						X											
P	IRA Acct. Old Kent, Holland				X								X		X						X											
S	IRA Acct. Old Kent, Holland				X								X		X						X											

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
		Year End Value (X)										Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
Holland Public School Bonds	JT				X									X							X								
Herman Miller, Profit Sharing	P					X						X		X							X								
Loan "Hoekstra for Congress"	JT				X									X						X									
1454 Cimarron Dr. Holland, MI.	JT						X								X				X										

Schedule III – Continuation

Reporting Individual's Name

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
JT	Basic American Medical Stock		X		1-10-92	X						
JT	Hurco Corp Stock		X		1-8-92	X						
JT	Herman Miller Corp. Stock		X		3-9-92	X						
JT	Herman Miller Corp Stock		X		4-16-92	X						
JT	Utah Medical Corp. Stock	X			1-28-92		X					
JT	Synergen Corp. Stock	X			1-8-92	X						

Reporting Individual's Name

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S. DC. JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Deleware	Mortgage on 182 Main St. Dover, Del.				X			
JT.	F.M.B of Zeeland, Mi.	Mortgage on 1454 Cimarron				X			
JT	Hilliard Lyons Acct. Holland, Mi.	Credit Line		X					
JT.	FMB of Zeeland, Mi.	Equity Credit Line		X					
JT.	Old Kent Bank - Holland	Equity Credit Line		X					

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6–13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	None						

This page may be copied if more space is required.

Reporting Individual's Name

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Vice-president Product Mgmt.	Herman Miller, Inc. Zeeland, Mi.

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1988 88-336A (pa)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1993 JUN -4 AM 10: 02
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(8)

JUN 01 1993

MC

(Office Use Only)

1487

MARTIN R. HOKE
(Full Name)

212 CANNON BLDG., WASHINGTON, D.C. 20515
(Mailing Address)

(202) 225-5871
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: OHIO District: 10	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [N/A]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes [X]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Martin R. Hoke

DATE (Month, Day, Year) June 1, 1993

Reporting Individual's Name
MARTIN R. HOKE

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	RED CARPET CELLULAR, INC.	SALARY	$ 131,664
	CELLULAR ONE -- RESIDUAL SALES COMMISSIONS	COMMISSIONS	$ 45,000

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name

MARTIN R. HOKE

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)										Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
	RED CARPET CELLULAR, INC. STOCK										X		X													X				
	LOAN RECEIVABLE FROM HOKE FOR CONGRESS CAMPAIGN COMMITTEE							X							X					X										
	AMER. TELEPHONE STOCK						X						X										X							
	AMERICAN EXPRESS STOCK						X						X										X							
	BELL SOUTH STOCK					X							X									X								
	CARPENTER TECHNOLOGY STOCK					X							X									X								

For additional assets and unearned income, use next page

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: MARTIN R. HOKE

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
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S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	EASTMAN KODAK STOCK				X							X									X								
	HANSON PLC ADR STOCK				X							X										X							
	HOUSTON INDUSTRIES STOCK				X							X											X						
	INTL BUSINESS MACH. STOCK					X						X											X						
	J.P. MORGAN, INC. STOCK				X							X									X								
	MCN CORP. STOCK				X							X										X							
	NYNEX STOCK				X							X										X							
	TENNECO STOCK				X							X										X							
	TRAVELERS CORP. STOCK					X						X											X						
	UNION CARBIDE STOCK				X							X										X							
	USX CORP. STOCK				X							X									X								
	USX MARATHON STOCK				X							X										X							
	WESTINGHOUSE ELEC STOCK				X							X										X							
	FIRST FIDUCIARY MONEY MARKET FUND				X							X										X							
	HOKE & HOKE PARTNERSHIP HOLDING: NORTHERN OHIO IMAGING CENTER LP, UNDERLYING ASSET				X													PARTNERSHIP INCOME	X										

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: MARTIN R. HOKE

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $2,500	III $2,501 - $5,000	IV $5,001 - $15,000	V $15,001 - $50,000	VI $50,001 - $100,000	VII $100,001 - $1,000,000	VIII over $1,000,000	IX	
SELECTED DAILY INCOME MONEY MARKET FUND	X										X								X								
BANK OF BOSTON STOCK						X					X								X								
COLUMBIA GAS SYSTEM STOCK				X							X						X										
COMMUNITY PSYCHIATRIC CTRS STOCK				X							X								X								
WALT DISNEY CO STOCK					X						X								X								
GANTOS INC. STOCK				X							X						X										
GLENFED INC. STOCK			X								X						X										
KEMPER CORP. STOCK				X							X								X								
MERCK & CO. STOCK			X								X							X									
OWENS-CORNING FIBERGLASS STOCK			X								X						X										
PHILIP MORRIS CO. STOCK				X							X									X							
PROVIDENT BANK CORP. STOCK				X							X								X								
VAN DORN CO. STOCK				X							X								X								
FORD MOTOR CO. DEL A PFD STOCK					X						X										X						
OHIO STATE FUB FACS BOND	X												X	X							X						

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: MARTIN R. HOKE

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
COLUMBUS OHIO UT BONDS						X							X				X										
COLUMBUS OHIO CITY REOG BONDS						X							X				X										
GERMAN JACKSON TWPS BONDS					X								X									X					
HAMILTON COUNTY OHIO BONDS				X									X							X							
MAHONING COUNTY OHIO BONDS						X							X									X					
OHIO STATE WATER DEV. BONDS						X							X									X					
OHIO HSG FIN AGY. BONDS						X							X									X					
CORPUS STEPS OHIO STATE BONDS						X							X				X										
AVON CORP. STOCK			X								X								X								
ELI LILLY CORP. STOCK				X							X								X								
NORTHWESTERN DEFERRED ANNUITY						X							X				X										
HUNTINGTON NATIONAL BANK ACCOUNTS				X									X										X				
XEROX CORP. STOCK	X										X			X									X				
ALLIED SIGNAL STOCK	X										X			X									X				
WALT DISNEY NOTE			X										X				X										

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: MARTIN R. HOKE

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset – Year End Value (X)										BLOCK C Income – Type of Income (X)							BLOCK C Income – Category of Amount of Income (X)									BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
CHART INDUSTRIES STOCK				X								X							X									
CHOLESTECH CORP. STOCK				X								X							X									
COMMNTY PSYCHIATRIC CTRS STOCK				X								X								X								
OAK INDUSTRIES STOCK				X								X							X									
PUROLATOR PRODUCTS CO. STOCK					X							X							X									
JOHN NUVEEN CO. STOCK		X													X							X						
PRAXAIR CO. STOCK		X													X									X				
ATLANTIC TELE NETWORK STOCK		X													X									X				
PATTERSON DENTAL CO. STOCK		X													X							X						
STERIS CORP. STOCK		X													X								X					

Reporting Individual's Name

MARTIN R. HOKE

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
PARTNER	HOKE & HOKE PARTNERSHIP (SEE SCHEDULE III)
PRESIDENT	RED CARPET CELLULAR, INC. (NO COMPENSATION IN 1993)

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement
7/1/88	CNCA ACQUISITION CORP. AND MARTIN R. HOKE	HOKE RECEIVES A 4% RESIDUAL COMMISSION ON SUBSCRIBERS TO CELLULAR ONE'S SYSTEM WHO WERE OBTAINED BY RED CARPET CELLULAR, INC. PRIOR TO 7/1/88. (SEE SCHEDULE I)

GPO: 1992 88-938A (m)

1495

. NITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 AM 9:29
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(2)

MC HAND DELIVERED

(Office Use Only)

T. Timothy Holden, M.C.
(Full Name)

424 South 2nd St., St. Clair, PA 17970
(Mailing Address)

(202) 225-5546
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: PA District: 6th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** N/A	Yes [ ]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** N/A	Yes [ ]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [ ]	No [X]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? N/A **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [x]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [x]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Tim Holden	5 13 93

Reporting Individual's Name
Tim Holden, M.C.

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Schuylkill County 2nd & Laurel Blvd., Pottsville, PA	Salary	$32,000
	John J. Holden Insurance Agency 215 So. 2nd St., St. Clair, PA	Salary	$10,000
	John J. Holden Real Estate "	Commission	$1,500

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

TIM HOLDEN
6TH DISTRICT, PENNSYLVANIA
1421 LONGWORTH BUILDING
WASHINGTON D.C. 20515
(202) 225-5546
BERKS COUNTY SERVICES CENTER
633 COURT STREET
READING, PENNSYLVANIA 19601
(215) 371-4951
305 MERIDIAN BANK BUILDING
POTTSVILLE, PENNSYLVANIA 17901
(717) 622-4212

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES

COMMITTEE ON AGRICULTURE
ENVIRONMENT, CREDIT, AND RURAL DEVELOPMENT SUBCOMMITTEE
DEPARTMENT OPERATIONS AND NUTRITION SUBCOMMITTEE
LIVESTOCK SUBCOMMITTEE
COMMITTEE ON ARMED SERVICES
MILITARY PROCUREMENTS SUBCOMMITTEE
OVERSIGHT AND INVESTIGATIONS SUBCOMMITTEE

RECEIVED
93 MAY 21 AM 9:08
COMMITTEE ON STANDARDS

INSIDE MAIL

May 20, 1993

Hon. Jim McDermott
Chairman
Committee on Standards of Official
Conduct
HT-2, U.S. Capitol
Washington, D.C. 20515

3 ✓ MC

93 MAY 21 PM 2
OFFICE OF THE
U.S. MARSHAL

Dear Mr. Chairman:

I am writing to amend my Financial Disclosure form to indicate in reply to question 5 on page one of the forms that I had no reportable liability during the reporting period. Due to a clerical oversight, the "no" box was not checked.

Thank you for your attention to this matter. If you have any additional questions, please do not hesitate to contact me.

Sincerely,

Tim Holden

TIM HOLDEN
Member of Congress

TH/aab

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

T. Timothy Holden, M.C.
(Full Name)

424 South 2nd St., St. Clair, PA 17970
(Mailing Address)

(202)225-5546
Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives	State: PA District: 6th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

(Office Use Only)

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EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Tim Holden	5 13 93

Reporting Individual's Name
Tim Holden, M.C.

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Schuylkill County 2nd & Laurel Blvd., Pottsville, PA	Salary	$32,000
	John J. Holden Insurance Agency 215 So. 2nd St., St. Clair, PA	Salary	$10,000
	John J. Holden Real Estate "	Commission	$1,500

For payments to charity in lieu of honoraria, use Schedule II

1500

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

1993 MAY 13 PM 3:37

HAND DELIVERED

MC (Office Use Only)

STEPHEN HORN
(Full Name)

3944 Pine Avenue
(Mailing Address) Daytime Telephone

Long Beach, CA 90807

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 38th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [ ]	No [X]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Stephen Horn Stephen Horn	May 13, 1993

Reporting Individual's Name

STEPHEN HORN

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Long Beach Unified School District	wages of spouse	$1251.00
	State of California - California State University, Long Beach	salary	$69,007.00

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

STEPHEN HORN

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock			X								X									X									X
		George Wash. Credit Union Accounts				X									X									X							
		182 Main Street, Dover, Delaware					X							X									X								
	Shearson Lehman IRA				X								X		X						X										
S	Shearson Lehman IRA				X								X		X						X										
JT	Shearson Money Market Acct.			X									X									X									
	Shurgard IRA				X																										
S	Shurgard IRA				X																										
JT	Boston Financial			X																											

For additional assets and unearned income, use next page

Reporting Individual's Name
STEPHEN HORN

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	1st Nationwide Bank	Credit line secured by home		X					
JT	Long Beach School Employees Fed.Cr.Union		X						

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
STEPHEN HORN

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Member	California Educational Facilities Authority
Director	Long Beach Museum of Art, Long Beach, California
Director	Kutak Foundation, Omaha, Nebraska

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1992 50-634A (m)

STEPHEN HORN
38TH DISTRICT, CALIFORNIA

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515-0538

June 8, 1993

7

MC

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1993 JUN -9 AM 9:26
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

The Honorable Donnald K. Anderson
Clerk of the House
H105, The Capitol
Washington, D.C., 20515-6655

Dear Mr. Anderson:

I enclose an addendum to Form A "Financial Disclosure Statement for Calendar Year 1992" which I recently filed. Inadvertently, I forgot to include non-federal retirement accounts. I have also been informed that past loans to a campaign committee should be listed as an asset if there is a possibility of collection.

Per the instructions on June 7 and 8, 1993, of Mark J. Davis, Director, Office of Advice and Education, I am attaching pages 3b and 4 which will provide the information noted above for both the 1991 and 1992 years.

Thank you for your cooperation in having this material filed with my previous report in the Office of Records and Registration.

Sincerely yours,

Stephen Horn

Stephen Horn

Enclosures

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

STEPHEN HORN
(Full Name)

3944 Pine Avenue
(Mailing Address) Daytime Telephone

Long Beach, CA 90807

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 38th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

(Office Use Only)

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [ ]	No [X]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Stephen Horn
Stephen Horn

DATE (Month, Day, Year) May 13, 1993

Reporting Individual's Name

STEPHEN HORN

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech —	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Long Beach Unified School District	wages of spouse	$1251.00
	State of California - California State University, Long Beach	salary	$69,007.00

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
STEPHEN HORN

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	i Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X								X									X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X								X								
	Shearson Lehman IRA					X								X		X						X									
S	Shearson Lehman IRA					X								X		X						X									
JT	Shearson Money Market Acct.				X									X									X								
	Shurgard IRA					X																									
S	Shurgard IRA					X																									
JT	Boston Financial				X																										

For additional assets and unearned income, use next page

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: STEPHEN HORN

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
JT	TIAA-CREF					X																						
JT	PERS					X																						
JT	Beneficial Standard Life Ins.Co					X																						
JT	John Alden Life Insurance Co.				X																							
JT	General American Life Ins. Co.			X																								
JT	Safeco Life Insurance Co.					X																						
	Steve Horn for Congress Committee		Loan			Payable																						
	(1st Nationwide Bank)			X																								
	Steve Horn for Congress Committee		Loan			Payable																						
	(Long Beach School Employees Federal Credit Union)		X																									
	Steve Horn for Congress Committee		Loan			Payable																						
	(Long Beach School Employees Federal Credit Union)		X																									
	Steve Horn for Congress Committee		Loan			Payable																						
	(Long Beach School Employees Federal Credit Union)		X																									

Reporting Individual's Name
STEPHEN HORN

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	1st Nationwide Bank (loan to campaign)	Credit line secured by home		X					
	Long Beach School Employees Fed.Cr.Union	Loan to Campaign	X						
	Long Beach School Employees Fed.Cr.Union	Loan to Campaign (2 loans of $5,000 each.)	X						

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
STEPHEN HORN

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Member	California Educational Facilities Authority
Director	Long Beach Museum of Art, Long Beach, California
Director	Kutak Foundation, Omaha, Nebraska

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1992 90-838A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 PM 2:32

MC (12)

HAND DELIVERED

(Office Use Only)

Amory Houghton Jr.
(Full Name)

80 East Market Street, Suite 304
(Mailing Address)

Corning, New York 14830

Daytime Telephone: (202) 225-3161

Filer Status	[X] Member of the U.S. House of Representatives	State: New York District: ~~34th~~ 31	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes	X	No		
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes		No	X	
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes	X	No		
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes	X	No		
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes	X	No		
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes		No	X	
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes		No	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes	X	No		
Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes	X	No		
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.					

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes		No	X
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes		No	X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL [signature]

DATE (Month, Day, Year) 5/14/93

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1992 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE I - EARNED INCOME

Source and Type	Amount
Corning Incorporated:	
Income (in-kind):	
Value for secretarial services provided by former employer for whom consulting services are provided without monetary compensation (income in-kind, in excess of the 1992 outside earned income limit of $19,425, is offset by a 1992 donation to a qualified charitable organization in the amount of $15,500)	$ 29,885
Trustee Commissions (commissions represent personal services provided to protect family resources, amounts not subject to outside earned income limit):	
L. H. Beer Trust 12/10/34	6,500
J. R. Houghton Trust 12/10/34	7,600
A. B. Houghton Trust 12/10/34	5,000
A. Houghton Jr. Trust 12/10/34	6,400
E. H. Weinberg Trust 12/10/34	6,600
A. S. Lassalle Trust 1/20/79	1,700
G. H. Lassalle Trust 11/21/78	1,900
J. H. Carothers Trust 12/22/61	42,800
S. H. Garrett Trust 12/22/61	42,800
H. H. Carlisle Trust 12/22/61	6,700
R. P. Waters Trust 3/14/70	3,300
M. T. Mowbray U/W G. B. Houghton	2,700
H. M. Carter U/W G. B. Houghton	2,700
J. W. Hollister U/W G. B. Houghton	1,900
B. H. Brakenridge U/W G. B. Houghton	1,900
B. Hollister Jr. Trust 4/15/46	1,900
H. M. Carter Trust 4/18/46	500
M. T. Mowbray Trust 4/18/46	500
B. H. Brakenridge Trust 4/18/46	500
B. Hollister Jr. Trust 4/18/46	500
P. H. Mowbray Trust U/W H. C. Hollister	2,000
B. Hollister Trust U/W H. C. Hollister	2,000
G. R. Montgomery Trust 1/3/49	15,000
P. J. D. Allatt Jr. Trust 8/15/49	3,000
B. G. Ooten Trust 4/23/65	1,400
M. A. Keaton Trust 1/22/64	1,300
M. A. Keaton Trust 6/24/63	1,000
E. M. OeDell Trust 6/24/63	900
E. A. Ray U/W M. H. Allatt	300
E. Houghton Trust 12/10/34	9,000
E. A. Ray Trust 12/10/34	8,100
E. H. Cole Trust 12/10/34	9,000
M. H. Garrett Trust 7/3/69	3,100
S. B. Garrett Trust 12/22/71	3,100
D. R. Garrett Trust 7/3/69	3,100
Spouse's income:	
Hammermill Paper Co. Pooled Pension Trust	N/A

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1992 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Debt Securities:					
Augusta National Inc. - building certificate - Series B	A		None	None	
Equity Securities:					
Citicorp, N.A. - common stock	C		None	None	
Corning Incorporated - common stock	H		Dividend	VII	X
Genentech Corporation - common stock	E		None	None	
IBM Corporation - common stock	D		Dividend	V	
Symmetrix Inc. - common stock, Burlington, MA	E		None	None	
Insight Telecast - common stock, Palo Alto, CA	C		None	None	
Market Street Trust Company - common stock, Corning, NY	E		Dividend	IV	
Proctor & Gamble - common stock	C		Dividend	II	
Inertial Motors Corporation - common stock, restricted shares, Doylestown, PA	B		None	None	X
U.S. Government Obligations:					
Treasury note (sold in 1992)	None		Interest	VI	X
Savings bonds series E & EE	B		Interest	V	
Treasury bill	E		Interest	II	X
Other:					
Chase Lincoln First Bank, N.A., Corning, NY	E		Interest	IV	
Citibank, N.A., New York, NY	D		Interest	II	
Community National Bank, Addison, NY	B		Interest	I	
Corning Federal Credit Union, Corning, NY	A		Interest	I	
South Shore Bank, Quincy, MA	C		Interest	II	
Vanguard Treasury Portfolio - mutual fund, Valley Forge, PA	C		Dividend	IV	X
Accounts receivable from Corning Associates, Corning, NY (collected in 1992)	None		Loan repaid	V	
76-78 East Market Street (investment property), Corning, NY	G		Rent	VII	
Congressional Federal Credit Union, Washington, DC	C		Interest	II	
Citizens Bank of Massachusetts, Fairhaven, MA	B		Interest	II	

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1992 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Partnerships:					
Acorn III, a general partnership which is the sole limited partner in Richmont LTD, a partnership holding a real estate investment in an office/warehouse building, 1666 W. Firman St., Richardson, TX (share - 10.00/9.80%**)	D	(2)	Partnership	None	
Acorn IV, a general partnership which is the sole limited partner in Whitehall LTD, a partnership holding a real estate investment in vacant land within Walnut Creek Industrial Park, Austin, TX (share - 20.00/19.60%**)	E	(2)	Partnership	None	
Corning Associates II, managed by Aicre Realty, rental of office building, 41 State Street, Albany, NY (share - 50.00/5.50%**)	E	(2)	Partnership	None	
Bradford Gordon 1990-3, limited partnership organized to acquire royalty, mineral or other non-operating interests in natural gas properties primarily in Michigan (share - 3.17%)	B	(2)	Partnership	None	
Theatre Partners, L.P.III, a partnership formed to finance the live stage theatrical production and presentation of musical and dramatic plays selected and produced by The Really Useful Theatre Co., Inc., Newark, NJ (share - .69%)	C	(2)	Partnership	VI	
Vinca Broadcasting L.P., limited partnership organized to acquire interest in broadcasting companies, New Preston, CT (share - 7.3%)	E	(2)	Partnership	None	
Corning Associates VC-1, investment in venture capital partnerships (share - 19.61/ - %**): Business Development Capital LTD III, managed by the Foster Management Co., NY, NY; investments are in Hearing Health Services Inc., Waste Disposal Equipment Acquisition Corporation, Nova Care Inc., Bloodline Inc., Rehab Group Inc. and Rehab Clinics Inc. (share -/.18%**)	A	(2)	Partnership	None	

** Represents ownership % in both investment partnership/ownership in ultimate partnership, respectively.

(2) Valuation method - original investment, plus/less any additional capital contributed/withdrawn since inception.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1992 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Partnerships (Continued):					
Intersouth Partners, managed by Intersouth Associates, Research Triangle Park, NC, invested in Digital Recorders Inc., Integrated Silicon Systems Inc., IllumElex Corp., Sphinx Pharmaceuticals Inc., Claw Island Foods, MPR Services Inc., Macronex Inc., Microwave Laboratories Inc. and Cardiovascular Diagnostics Inc. (share - -/.78%**)	C	(2)	Partnership	II	
Bradford Gordon 1992-2, limited partnership organized to acquire royalty, mineral or other non-operating interests in natural gas properties primarily in Michigan (share - 6.8%)	B	(2)	Partnership	None	X
Manhattan Village Associates, limited partnership formed for the purpose of acquiring, owning and operating three apartment buildings located in Manhattan, New York, NY (share - 1.65%)	A	(2)	None	None	X
Associates Partners: general partner in Corning Associates Fixed Income Fund (CAFIF), investments include: demand securities of Power Authority of the State of New York, municipal bonds of Howard County - Maryland, IBM Tax Exempt Grantor Trusts, New York State Dormitory Authority, State of California Franchise Tax, Maryland Department of Transportation, Massachusetts Industrial Finance Agency, Wisconsin Health and Educational Facilities - Marquette University, Wisconsin Health and Educational Facilities - St. Lukes Hospital, City of Anchorage - Alaska, State of California Various Purpose, State of Connecticut Economic Recreation Notes, Triborough Bridge and Tunnel Authority of New York, Clark County School District of Nevada, Connecticut State Clean Water Fund, Cumberland County of New Jersey, Maricopa County School District of Arizona, Municipal Assistance Corp. for New York City, Pennsylvania Higher Education, University of Texas Board of Regents, Port Authority of New York and New Jersey, industrial development bonds of Westchester County - New York, State of					

** See explanation at Page 3 of 11.
(2) See explanation at Page 3 of 11.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1992 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Partnerships (Continued):					
Wisconsin General Obligation, Montgomery County - Maryland, State of New Jersey, State of Washington, L.A. County Transportation Commission - California, Cook County Community College - Illinois, Texas Municipal Power Agency, Virginia Public Building Authority, Texas National Research Laboratory Commission, Harris County Water Control and Improvement District - Texas, Tarrant County Water Control and Improvement District - Texas, Johnson County Water District - Kansas, Omaha Public Power District - Nebraska, District of Columbia Childrens Hospital, State of Iowa Department of General Services and Department of Corrections (share - .40/.027%**)					
CAFIF holdings disposed of during the year ended December 31, 1992 - demand securities of Fairfax County Economic Development Authority, Student Loan Fund of Idaho Marketing Association, Commonwealth of Massachusetts, Cumberland County - Pennsylvania, Regional Transit Authority L.A. - California, District of Columbia, L. A. County Sanitation District - California, Board of Public Works of State of Maryland, State of Illinois, Sun Valley Public Improvement Corporation - Arizona, Union County Hospital Facilities Authority - Oregon, State of California General Obligation, State of Connecticut Special Tax Obligation, State of Iowa, New Jersey Turnpike Authority, New York State Local Government Assistance Corp. and Trinity River Authority of Texas.					
No reportable transactions given that the marginal personal investment in CAFIF remains less than 1/20 of 1% and the Congressman's direct interest in various purchases or sales was below the $1,000 reporting threshold.	B	(3)	Partnership	II	
Corning Associates Equity Fund (CAEF): investments include common stock of Abbott Labs, Wal Mart Stores, Toys R Us, Home Depot, Pepsico, Coca Cola, State Street Boston, Sysco, Merck & Co., General Mills, Johnson & Johnson, Kellogg, Rubbermaid, McDonalds Corp., Pfizer, Bausch & Lomb, Duracell International, Gillette and Nike (share - .36%)					

** See explanation at Page 3 of 11.

(3) Valuation Method - Partner's share of market value of investments at 12/31/92.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1992 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Partnerships (Continued):					
CAEF items disposed of during the year ended December 31, 1992 - Bristol Myers Squibb, Campbell Soup, Conagra Inc. and Gerber Products.	D	(3)	Partnership	None	X
Trusts:					
Amory Houghton Jr. Trust U/W A. B. Houghton - (interest in income only)			Trust	VII	
Holdings consist of:					
Partnerships (see holdings listed above):					
Corning Associates Fixed Income Fund (share - 1.83%)	D	(3)			
U.S. Government Obligations:					
U.S. Treasury note	C				
Real Estate:					
Residence (occupied by the Congressman), Washington, DC	H				
Other:					
Corning Incorporated - common stock	H				
Demand notes receivable from Amory Houghton Jr.	F				
Principal cash - interest bearing (Citibank, N.A.)	B				
Principal cash - interest bearing (Goldman Sachs I.L.A.)	E				
Principal cash - non-interest bearing, Meadows Securities (closed)	None				
Income cash - interest bearing (Citibank, N.A.)	B				
Income cash - interest bearing (Goldman Sachs I.L.A.)	A				
Market Street Trust Company Fixed Income Fund A - common trust - investments include:					
Coweta County School System - Georgia, State of Connecticut General Obligation, City of Syracuse - New York, Los Angeles County Transportation System - California, Florida Municipal Power Agency,					

(3) See explanation at Page 5 of 11

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1992 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Market Street Trust Company Fixed Income A (Continued): Washington County Unifield Sewerage Agency - Oregon, City of Tocoma Electric System - Washington, Monroe County - New York, Northern Arizona University, North Charleston Sewer District - North Carolina, Las Vegas Valley Water District - Nevada, Bergen County Utilities Authority - New Jersey, Nyack Union Free School District - New York, New York State Urban Development Corp. - University of Rochester, Kentucky Turnpike Authority, State of Oregon Transportation, Florida State Board of Education, New York State Environment Facilities Corp., Hillsborough County - Florida, Municipal Assistance Corp. - City of New York, New Jersey Sports and Exposition, New York State Mortgage Agency, Massachusetts Housing Finance Agency, Oregon State Housing Community Services Department, Southern California Public Power Authority, Boston Water and Sewer Commission - Massachusetts, Power Authority of the State of New York, University of Michigan, Delaware Transportation Authority, Boston Water and Sewer Commission - Massachusetts, Power Authority of the State of New York, University of Michigan, Delaware Transportation Authority, Texas Water Development Board, Massachusetts Health and Educational Facilities, Georgia State Housing and Finance Authority, State of Connecticut Special Tax Obligation, State of Connecticut Custodial Receipts, Sacramento Municipal Utility District - California, Commonwealth of Massachusetts, Triborough Bridge and Tunnel Authority of New York, Santa Ana Community Redevelopment Agency - California, Federal Farm Credit Banks, Iowa School Corps, South Dakota School District, State of Texas, State of Montana, Pima County - Arizona, State of West Virginia, Alief Independent School District - Texas, State of Wisconsin General Obligation, Utah State Board of Regents, City and Borough of Juneau - Alaska, Douglas County School District - Colorado, City of New York General Obligation, Allegheny County Hospital Development Authority - Pennsylvania, Boulder Urban Renewal Authority - Colorado, Missouri Health and Educational Facilities Authority, State of Colorado, Texas Health Facilities Development Corp., Southern California Rapid Transit District, Louisa County - Iowa, City of Modeso - California, Louisiana Recovery District, Centennial Water and Sanitation District - Colorado, Washington Public Power Supply System, Maine Municipal Bond Bank Limited, Interlocken Metropolitan District - Colorado, Missouri State Environmental Improvement and Energy Resources Authority, North Central Texas Health Facilities Development Corp., Houston Independent School District - Texas, New York City Municipal Water Finance Authority - New York, Nebraska Public Power District, Richland County - South Carolina, Vermont Municipal Bond Bank, Geisinger Authority - Pennsylvania, Pennsylvania Intergovernmental Cooperative Authority and Rhode Island Depositers Economic Protection Corp. (share - 2.6%)	H	(3)			

(3) See explanation at Page 5 of 11

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1992 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Amory Houghton Jr. Trust 12/10/34 - (interest in income and limited principal)			Trust	VI	
Holdings consist of:					
Partnerships (see holdings listed above):					
Corning Associates Fixed Income Fund (share - 1.79%)	E	(3)			
Corning Associates Equity Fund (share - .80%)	E	(3)			
U.S. Government Obligations:					
U.S. Treasury note	C				
Other:					
Corning Incorporated - common stock	H				
Account receivable from Corning Associates (collected in 1992)	B				
Principal cash - interest bearing (Citibank, N.A.)	B				
Principal cash - interest bearing (Goldman Sachs I.L.A.)	D				
Income cash - interest bearing (Citibank, N.A.)	B				
Income cash - interest bearing (Goldman Sachs I.L.A.)	A				
Market Street Trust Company Fixed Income Fund A - common trust, see holdings listed above (share - 2.4%)	H	(3)			
Elizabeth Houghton Trust 12/10/34 - (interest in 1/15 income only)			Trust	VI	
Holdings consist of:					
Partnerships (see holdings listed above):					
Corning Associates Fixed Income Fund (share - .55%)	E	(3)			
Corning Associates Equity Fund (share - .32%)	D	(3)			
U.S. Government Obligations:					
U.S. Treasury notes	B				
Other:					
Corning Incorporated	H				
Principal cash - interest bearing (Citibank, N.A.)	B				
Principal cash - interest bearing (Goldman Sachs I.L.A.)	C				

(3) See explanation at Page 5 of 11

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1992 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Other (Continued):					
Principal cash - non-interest bearing, Meadows Securities (closed)	None				
Income cash - interest bearing (Citibank, N.A.)	B				
Income cash - interest bearing (Goldman Sachs I.L.A.)	A				
Market Street Trust Company Fixed Income Fund A - common trust, see holdings listed above (share - .56%)	F	(3)			
John C. Dewey Jr. Trust - (Priscilla Dewey Houghton - beneficiary, interest in income only)			Trust	VI	
Holdings consist of:					
Common stock:					
Abbott Labs	C				
American Home Products	D				
Atlantic Richfield	C				
Bellsouth	C				
Chevron	C				
Coca Cola	E				
Commerce Clearing House	C				
FPL Group	C				
General Electric	D				
Hanson PLC	B				
Minnesota Mining and Manufacturing	C				
National City Corp.	C				
New England Electric	C				
Reuters Holding PLC	C				
Schering Plough Corp.	C				
Waste Management Inc.	C				
U.S. Government Obligations:					
Treasury notes	C				
Other:					
Mutual Fund - Federated Investors, Pittsburgh, PA	B				

(3) See explanation at Page 5 of 11

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1992 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Talbot Dewey Trust 11/12/80 - (Priscilla Dewey Houghton - beneficiary, interest in income only)			Trust	IV	
Holdings consist of:					
Common stock:					
American Home Products	C				
Exxon	C				
FPL Group	C				
Hanson PLC	B				
Hartford Steam Boiler	B				
Minnesota Mining and Manufacturing	B				
Glaxo Holdings	B				
U.S. Government Obligations:					
Treasury notes	B				
Other:					
Mutual Fund - Federated Investors, Pittsburgh, PA	B				

SCHEDULE IV - TRANSACTIONS

Identification of Asset	Transaction Type	Date	Amount of Transaction
Corning Incorporated - common stock	Purchase	3/23/92	B
Inertial Motors Corporation - common stock	Purchase	4/10/92	B
Treasury note	Sale	9/14/92	F
Treasury bills	Purchases/Sales	Various	F
Vanguard Treasury Portfolio - mutual fund	Purchases/Sales	Various	G
Bradford Gordon 1992-2, limited partnership	Purchase	10/29/92	B
Manhattan Village Associates, limited partnership	Exchange (Received in exchange for satisfaction of interfamily debt)	1/1/92	A

Corning Associates Equity Fund (CAEF) - During 1992, the partnership sold an equity investment in Campbell Soup, Conagra Inc. and Gerber Products and purchased equity investments in Bausch & Lomb, Duracell International, Gillette and Nike of which the Congressman's direct interest results in a sales transaction category of H and a purchase transaction category of H. No other reportable transactions given the marginal personal investment in CAEF remains less than 1/3 of 1% and the Congressman's direct interest in various other purchases or sales was below the $1,000 reporting threshold.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1992 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE V - LIABILITIES

Creditor	Type of Liability	Category
Amory Houghton Jr. Trust U/W A.B. Houghton	Notes Payable	F
Chase Lincoln First Bank, Corning, NY	Note Payable on 76-78 East Market Street investment property (line of credit and mortgage for 76-78 East Market Street investment property was combined into single note in 1992).	F

SCHEDULE VIII - POSITIONS

Non-Profit Affiliations:
The Meadows Charitable Trust - Trustee
The Houghton Foundation - President and Trustee
The Washington Cathedral Chapter - Inactive Trustee

Non-Profit Affiliations (Continued):
Corning Chamber of Commerce - Member
Corning Museum of Glass - Vice President and Trustee
Corning Glass Works Foundation - Trustee

Director:
Market Street Trust Company

Congressman Houghton is also a limited partner in each of the partnerships previously listed in Parts II and III with the exception of Associates Partners, Acorn III, Acorn IV and Corning Associates Equity Fund where he serves as a general partner.

SCHEDULE IX - AGREEMENTS

Date	Parties to	Terms of Agreement
2/87	Retired employee of Corning Incorporated and beneficiary of certain Company retirement pension and health plans.	Benefits received in accordance with normal plan provisions (lump-sum and/or monthly).
2/87	Corning Incorporated (former employer)	Transportation benefits - any retired employee (or immediate family member) is permitted to travel on the Company plane subject to space availability and without charge. For income tax purposes only, income is imputed to the retiree based upon the prevailing commercial airline value of the trip and reported by the Company on federal Form-1099 MISC. Congressman Houghton may also elect to reimburse Corning Incorporated, based on the prevailing commercial airline value of the trip, for use of the Company plane.

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992	FORM A For use by Members, officers, and employees

STENY HAMILTON HOYER
(Full Name)

1705 LONGWORTH HOUSE OFFICE BUILDING, WASHINGTON, DC 20515-2225-4131
(Mailing Address) Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State MARYLAND District 5th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

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(Office Use Only)

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PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes	[X]	No	[ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes	[X]	No	[ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes	[X]	No	[ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes	[ ]	No	[X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes	[ ]	No	[X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes	[ ]	No	[X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes	[ ]	No	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (*See* 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	5/15/93

Reporting Individual's Name

STENY HAMILTON HOYER

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Law Office - Steny H. Hoyer (attributable pre-1991)	Legal fees for services rendered prior to 12/31/90	$2,367.00
	Judith P. Hoyer - Prince George's Co. Board of Education	spouse salary	NA
	Judith P. Hoyer - Stephens Engineering Company, Inc.	spouse Director's fee	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name

STENY HAMILTON HOYER

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	National Cable Television Association	Speech	May 3, 1992	$1,500
	American Meat Institute	Speech	June 1, 1992	$1,000

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Reporting Individual's Name

STENY HAMILTON HOYER

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of income (X)						Other income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X									X
	George Wash. Credit Union Accounts				X									X									X							
	162 Main Street, Dover, Delaware					X							X									X								
	Keough - Legg Mason					X						NA																		
JT	Massachusetts Cash Management				X									X							X									
	Maryland State Retirement			X																										
S	Mations Bank			X										X						X										
S	Prince George's Co Brd of Ed		UNKNOWN																											
	Congressional Federal Credit Un.	X												X						X										

Reporting Individual's Name

STENY HAMILTON HOYER

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Seafarers Union (speech)	Feb 13	Wash.,DC-Miami-Wash,DC	N	Y	None	N
	National Cable TV Assoc(speech)	May 3	Wash.,DC-Dallas-Wash,DC	N	Y	None	N
	National Legislative Education Foundation (Regional Leadership Meeting)	Nov 7-10	Wash,DC-Los Angeles-Chicago-Atlanta-Wash,DC	Y	Y	None	N
	John F. Kennedy School of Gov't-Harvard Univ. (Speech)	Nov 20	Wash,DC-Boston-Wash,DC	N	N	None	N

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Reporting Individual's Name
SWENY HAMILTON HOYER

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Member	University of Maryland Chancellor's Advisory Council
Member	University of Maryland School of Public Affairs, Board of Visitors
Member	St. Mary's College President's Advisory Council
Member	Baltimore Council on Foreign Affairs Board of Trustees

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1988 89-836A (pg)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF MEMBERS' FINANCIAL DISCLOSURE
1993 MAY 14 PM 5:02
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(4)
HAND DELIVERED
MC
(Office Use Only)

MICHAEL HUFFINGTON
(Full Name)

113 CANNON BLDG, WASHINGTON, D.C. 20515 — 202-225-3601
(Mailing Address) — Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives — State: CALIFORNIA District: 22nd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [N/A]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [X]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Michael Huffington

DATE (Month, Day, Year) May 14, 1993

Reporting Individual's Name

MICHAEL HUFFINGTON

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)										Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S — ABC Corporation Stock			X								X									X								X
George Wash. Credit Union Accounts				X									X									X						
162 Main Street, Dover, Delaware					X							X									X							
U.S. TREASURY BILLS									X				X														X	
CALIFORNIA STATE BONDS									X				X												X			
MARYLAND STATE BONDS						X							X										X					
NATIONS BANK (IRA) (CASH AMT.)				X									X									X						
GOLDMAN SACHS (IRA) (CASH AMT.)	X												X											X				CLOSED
LEMC BAY AIRLINES LTD					X						X										X							

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: MICHAEL HUFFINGTON

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	CREST FILM LTD								X			X														X		
	NORTHERN TRUST CO (CASH ACCT)	X										X												X					CLOSED
	U.S TRUST CO (CASH ACCT)									X		X															X		
	MORGAN GUARANTY TRUST CO (CASH ACCT)	X												X											X				
	BANK OF AMERICA (CASH ACCT)				X									X										X					
	MORGAN GUARANTY TRUST CO METAL ACCT									X									X										
	KEMPER CLEARING CORP. (CASH ACCT)	X										X										X							CLOSED
	PIERPONT MONEY MARKET FUND (CASH ACCT)					X								X											X				
	PAINE WEBBER PUT WARRANTS	X													X									X					SOLD
	DENMARK KINGDOM PUT WARRANTS	X													X									X					SOLD
	SOLOMON PUT WARRANTS	X													X				X										SOLD
	THE MAGAZINE PAGES INC				X														X										

Reporting Individual's Name
MICHAEL HUFFINGTON

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
DIRECTOR	CULVER EDUCATIONAL FOUNDATION
DIRECTOR	ASPEN INSTITUTE
DIRECTOR	NRDC
DIRECTOR	SANTA BARBARA ZOO
DIRECTOR	UCSB FOUNDATION

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

GPO: 1992 [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

1993 MAY 17 PM 4:20

HAND DELIVERED

(10)

MC

(Office Use Only)

William J. Hughes
(Full Name)

241 Cannon House Office Building
(Mailing Address)

202/225-6572
Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State NJ Distrct 2nd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: William J. Hughes

DATE (Month, Day, Year): May 17, 1993

Reporting Individual's Name
William J. Hughes

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	William J. Hughes		
	F. B. Loveland Trust	Trustee Comm.	$2246.02
	M. G. Hand Trust	Trustee Comm.	$3919.32
	Nancy L. Hughes		
	The WJH Corporation	Spouse Salary (officer)	n/a

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
William J. Hughes

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	NONE			

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Schedule II

Reporting Individual's Name
William J. Hughes

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
	The Coastal Bank 9th Street, Ocean City				X										X							X								
	Cong. Federal Credit Union Washington, DC					X									X							X								
	South Jersey Industries Stock				X								X									X								
	WJH Corporation						X						X							X										
	Coastal Bank Stock				X								X							X										
	Public Service Electric & Gas Stock				X								X									X								

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: William J Hughes

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
Business Office Wesley Road, Ocean City			X									X						X										
Asbury Apartments Asbury Avenue, Ocean City					X							X											X					
Bayfront Apartments Ocean City					X							X											X					
WV Condominium St. Thomas, USVI					X							X									X							
Apartment, 2nd Street, S.E., Wash, DC					X							X											X					
Atlantic County MUA Bonds			X										X							X								
NJ Turnpike Authority Bonds				X									X								X							X
West Long Branch NJ Board of Education Bonds				X									X								X							
New York Life Insurance Co. Annuity			X										X							X								
State of NJ Pension Plan & Supp. Annuity Trust					X						X			X					X									
IRAs - Advest Co.																												
Coastal Bank Stock			X								X							X										
Delaware Group/Delaware Fund				X							X									X								
Essex Co. NJ Pram Bond			X										X					X										
Franklin Custodial Funds (US Gov't)					X								X								X							

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name: William J. Hughes

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
So. Jersey Industries Stock				X								X								X								
U.S. Treasury Notes & Stripped Interest Securities					X									X									X					
Advest Bank Money Mkt.						X								X							X							
Keystone Custodial Fund				X								X								X								

Reporting Individual's Name
William J. Hughes

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	NJ Turnpike Authority Bonds (redemption)		X		1/1/93		X					

Reporting Individual's Name
William J. Hughes

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Elaine Farashian, Ocean City, NJ	Mortgage on 1117 Bayfront, Ocean City, NJ		X					

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Reporting Individual's Name
William J. Hughes

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Motion Picture Assoc. of Am.	Aug. 14-19	Phila.-Los Angeles-Phila.	Y	Y	Spouse	1 day lodging
	Speaking Engagement &						2 days food
	2 day series of meetings						

This page may be copied if more space is required.

Reporting Individual's Name
William J. Hughes

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
President, Director	The WJH Corporation, P. O. Box 545, Ocean City, NJ
Trustee	Estate of M. L. Hand and Estate of F. B. Loveland
Director	Stockton State College Foundation

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1988 80-000A (pg)

WILLIAM J. HUGHES
2ND DISTRICT, NEW JERSEY

COMMITTEE ON THE JUDICIARY
SUBCOMMITTEE ON INTELLECTUAL PROPERTY AND JUDICIAL ADMINISTRATION (CHAIRMAN)
COMMITTEE ON MERCHANT MARINE AND FISHERIES
SELECT COMMITTEE ON AGING
SUBCOMMITTEE ON RETIREMENT, INCOME AND EMPLOYMENT (CHAIRMAN)
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

Congress of the United States
House of Representatives
Washington, DC 20515

WASHINGTON OFFICE:
341 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-6572

DISTRICT OFFICES:
CENTRAL PARK EAST
BUILDING 4 SUITE 5
222 NEW ROAD
LINWOOD, NJ 08221
(609) 927-9043

151 NORTH BROADWAY
P.O. BOX 248
PENNSVILLE, NJ 08070
(609) 678-3333

May 26, 1993

(1)

MC

Honorable Donnald K. Anderson
Clerk of the House
U.S. House of Representatives
H-105, The Capitol
Washington, DC 20515

RE: Amendment/Financial
Disclosure Statement
of William J. Hughes, MC

HAND DELIVERED

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1993 MAY 26 PM 3:47
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Dear Mr. Anderson:

I hereby amend my Financial Disclosure Statement for Calendar Year 1992 filed with the Clerk of the House of Representatives pursuant to title I of the Ethics in Government Act in the following manner:

Parts II & III - Assets and "Unearned" Income

Franklin Twp. Somerset Co. NJ School Bonds
Block B - Year End Value - C

Block C - Type of Income - Interest
Category of Amount of Income - III

The above security was inadvertently omitted from the original statement. Thank you for noting the correction.

With kind regards, I remain,

Sincerely,

William J. Hughes
Member of Congress

WJH/mm

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 13 PM 3 33
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC (5)

HAND DELIVERED
(Office Use Only)

DUNCAN LEE HUNTER (Full Name)	
133 Cannon House Office Building (Mailing Address)	225-5672 Daytime Telephone:
Washington, DC 20515	
Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 52 ; [ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15) ; [ ] Amendment ; [ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Duncan Lee Hunter **DATE (Month, Day, Year)** ~~5/31/48~~ 5/12/93

Reporting Individual's Name

DUNCAN LEE HUNTER

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X								X								X
	George Wash. Credit Union Accounts				X								X									X						
	162 Main Street, Dover, Delaware					X						X									X							
JT	Horse Stables & Barn, Chantilly, VA				X							X									X							
JT	House, Coronado, CA, Rented 7/1/92							X				X											X					
	Cabin, Blue Ridge Mountains, VA				X							X									X							
	27 Acres, Blue Ridge Mountains, VA					X																						
JT	5/8 Acre Lot, Riverside, CA				X																							

For additional assets and unearned income, use next page

Reporting Individual's Name

DUNCAN LEE HUNTER

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Wright Patman Federal Credit Union, Washington, DC	Loan	X						
JT	Chase Home Mortgage Corporation, Tampa, FL	Mortgage on Coronado, Ca House				X			
JT	Sovran Home Mortgage Corporation, Richmond, VA	Mortgage on Barn & Stables, Chantilly, VA		X					
	I. Moskey, Alexandria, VA	Real Estate Loan, Blue Ridge Mtns Cabin & Acreage - Virginia				X			

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Reporting Individual's Name

DUNCAN LEE HUNTER

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Friends For Fields for Congress	Feb 15-16	San Diego-Houston-San Diego	Y	Y	None	N

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Reporting Individual's Name
DUNCAN LEE HUNTER

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
President	American Security Council (No Salary)
President	American Security Council Foundation (No Salary)
Co-Chairman	National Security Caucus (No Salary)

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1992 50-555A (m)

DUNCAN HUNTER
52D DISTRICT, CALIFORNIA

CHAIRMAN
REPUBLICAN RESEARCH COMMITTEE

COMMITTEE ON ARMED SERVICES
RANKING REPUBLICAN
SUBCOMMITTEE ON
MILITARY INSTALLATIONS
AND FACILITIES

SUBCOMMITTEE ON
RESEARCH AND TECHNOLOGY

HAND DELIVERED

The 103d Congress
U.S. House of Representatives
Washington, DC 20515-0552

133 CANNON BUILDING
WASHINGTON, DC 20515-0552
(202) 225-5672
FAX (202) 225-0235

366 SOUTH PEACE STREET
EL CAJON, CA 92020
(619) 579-3001

1101 AIRPORT ROAD, SUITE G
IMPERIAL, CA 92251
(619) 353-5420

1410 MAIN STREET, SUITE C
RAMONA, CA 92065
(619) 788-3630

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1993 MAY 25 AM 11:40
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U.S. HOUSE OF REPRESENTATIVES

May 25, 1993

(2)
✓
MC

Clerk, U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, DC 20515

To Whom It May Concern: Re: 1992 Financial Disclosure Statement

In answer to your office's question on my 1992 statement for Schedule III. "Unearned" Income:

The Blue Ridge and Riverside acreage properties produce no income, but are being held as an asset for future use.

I hope this clears up your question - I have indicated "None" in Block C.

Sincerely,

Duncan Hunter
Member of Congress

DH/mmp

Reporting Individual's Name
DUNCAN LEE HUNTER

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)										Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000			DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S — ABC Corporation Stock			X									X								X									X
George Wash. Credit Union Accounts				X									X									X							
182 Main Street, Dover, Delaware					X							X									X								
JT Horse Stables & Barn, Chantilly, VA				X								X									X								
JT House, Coronado, CA, Rented 7/1/92							X					X											X						
Cabin, Blue Ridge Mountains, VA				X								X									X								
27 Acres, Blue Ridge Mountains, VA					X														X										
JT 5/8 Acre Lot, Riverside, CA				X															X										

For additional assets and unearned income, use next page

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992	FORM A For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS & REGISTRY
93 MAY 17 AM 8 07
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

INSIDE MAIL

(Office Use Only)

(4)

MC

Y. Tim Hutchinson
(Full Name)

309 Razorback Dr. – P.O. Box 933
(Mailing Address)

Bentonville, AR. 72712 (202) 225-4301
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: Arkansas District: 3rd	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes ☑	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes ☐	No ☑
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes ☐	No ☑	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes ☑	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes ☐	No ☑
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes ☐	No ☑	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes ☑	No ☐	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes ☐	No ☑
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Tim Hutchinson	5/14/93

Reporting Individual's Name
Y. Tim Hutchinson

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Hendren Ford	Salary-Sales	4,848
	John Brown University	Salary-Teaching	1,900
	State of Arkansas	Salary-Legislator	7,500
	Hutchinson for Congress Committee	Spouse Salary	NA
	Heritage Baptist Church	Salary-Pastor	5,225

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
Y. Tim Hutchinson

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude. Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X					
			182 Main Street, Dover, Delaware					X						X									X						
S	Rocky Haven Investments, Inc. - Stock					X									X	X					X								
JT	Radio Station Equipment						X												Business	X									

For additional assets and unearned income, use next page

Reporting Individual's Name
Y. Tim Hutchinson

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)							
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Deleware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Marjorie Hutchinson, Ada, OK.	Personal Loan		X					

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
Not Applicable		

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

1993 MAY 19 PM 2:59
U.S. HOUSE OF REPRESENTATIVES

(2)
HAND DELIVERED
MC
(Office Use Only)

Y. Tim Hutchinson
(Full Name)
309 Razorback, - P.O. BOX 933
(Mailing Address)
Bentonville, AR. 72712
Daytime Telephone:

Filer Status	☐ Member of the U.S. House of Representatives — State: ____ District: ____	☐ Officer or Employee	Employing Office: ____
Report Type	☑ Annual (May 15)	☑ Amendment	☐ Termination — Termination Date: ____

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes ☑	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes ☐	No ☑
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes ☐	No ☑	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes ☑	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes ☐	No ☑
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes ☐	No ☑	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes ☑	No ☐	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes ☐	No ☑
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

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SIGNATURE OF REPORTING INDIVIDUAL: Y. Tim Hutchinson

DATE (Month, Day, Year): 5/19/93

1556

Reporting Individual's Name
X Tim Hutchinson

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Marjorie Hutchinson, Ada, OK	Personal Loan		X					
JT	Bank of Bentonville, Bentonville, AR.	Personal Loan	X						

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF [illegible]
1993 MAY 13 PM 1:11
OFFICE OF [illegible]
U.S. HOUSE OF [illegible]

HAND DELIVERED

MC (5)
(Office Use Only)

EARL D. HUTTO
(Full Name)

2435 RAYBURN BUILDING (202) 225-4136
(Mailing Address) Daytime Telephone

WASHINGTON, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: FLORIDA District: 1	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

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EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [ ]

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SIGNATURE OF REPORTING INDIVIDUAL Earl D. Hutto

DATE (Month, Day, Year) 5/13/93

1558

Reporting Individual's Name
EARL HUTTO

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
XYZ Magazine	Article	Aug. 13, 1992	$500
COCA-COLA COMPANY, ATLANTA, GEORGIA	SPEECH	NOV. 13, 1992	$1,000

This page may be copied if more space is required.

Reporting Individual's Name
EARL HUTTO

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		162 Main Street, Dover, Delaware					X							X									X							
JT	HOUSE IN HIGHLANDS, N.C.						X							X								X								
JT	HOUSE IN OZARK ALABAMA					X								X								X								
JT	FIDELITY DESTINY MUTUAL FUND				X								X									X								
DC	" PURITAN " "					X							X										X							

For additional assets and unearned income, use next page

Reporting Individual's Name

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	FIRST FEDERAL SAVINGS BANK-PANAMA CITY, FL.	MORTGAGE ON WYANOAK DR. (NO NA)							
		HIGHLANDS, N.C.		X					
JT	SOUTHTRUST BANK OF OZARK—OZARK, ALABAMA	MORTGAGE ON 942 MARTIN ST., OZARK		X					

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 8–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	CONGRESSIONAL CHARITY GOLF TOURNEY	NOV. 6-7	WASH. D.C.—GREENBRIER, W.VA.	Y	Y	SPOUSE	

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Amendments to Financial Disclosure 1992 ✓ (1)

Congressman Earl Hutto

MC

On page 1 Trust Holdings box: yes ☐ NO ☒

Spouse & Dependent Exemption: yes ☐ NO ☒

On page 3 SCHEDULE III

add Fidelity Overseas Mutual Fund

Block B. Valuation of Asset - X under B

Block C. Type of Income - X under Dividends

Category of Amount - X under II

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U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

(4)

1993 MAY 17 PM 2 47

Henry J. Hyde
(Full Name)

House of Representatives — 202-225-4561
(Mailing Address) — Daytime Telephone

Washington, D.C. 20515

Filer Status	[x] Member of the U.S. House of Representatives	State: Illinois District: 6	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

HAND DELIVERED
(Office Use Only) mc

1564

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [x]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [x]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [x]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [x]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [x]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [x]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [x]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [x]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [x]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [x]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Henry J. Hyde	**DATE (Month, Day, Year)** 5-17-93

Reporting Individual's Name
Henry J. Hyde

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Illinois General Assembly Retirement, Springfield, Ill.	pension	5,415.48

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name

Henry J. Hyde

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	National Assoc. of Catalog Showroom Merchandisers Inc. East Northport, N.Y	speech	1-12-92	$1000.00
	National Cable Television Assoc. McLean, VA	speech	5-3-92	$1500.00
	Associated Equipment Distributors Washington, D.C.	speech	5-7-92	$1000.00
	Allstate Insurance Company Washington, D.C.	speech	5-26-92	$1000.00
	National Association of Broadcasters Washington, D.C.	speech	6-3-92	$1000.00
	National Confectioners Assoc. McLean, Virginia	speech	6-15-93	$1000.00

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Reporting Individual's Name
Henry J. Hyde

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
	Congressional Federal Credit Union, Washington D.C.						X								X									X						
	IRA Mid-City National North Riverside, Ill. self and spouse				X										X								X							

For additional assets and unearned income, use next page

Schedule III

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 17

Robert D. Inglis
(Full Name)

15 Ben Street
(Mailing Address)

Daytime Telephone
Greenville, SC 29601 (202) 225-6030

Filer Status	[X] Member of the U.S. House of Representatives	State: SC District: 4	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

(5)

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HAND DELIVERED
(Office Use Only)

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PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL — Robert D. Inglis

DATE (Month, Day, Year) — May 13, 1993

Reporting Individual's Name

Robert D. Inglis

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Leatherwood Walker Todd + Mann, P.C., Greenville + Spartanburg, SC	Salary	28,+30,85

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Robert D. Inglis

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X									X								
Shearson Lehman Bros., Inc. Leatherwood Walker Tebbetts Mann PC Employee Benefit Trust (Retirement Account)* composed of:																																
	Wal-mart Stores Inc.				X									X								X										
	First Chattanooga Financial Corp**					X								X								X										
	Money Market Fund, Daily Dividend Fund (Amer Express)					X										X							X									

For additional assets and unearned income, use next page

Schedule III

* As of formal transfer on 7/26/93, now held individually at First National Bank of SC ** Now Amsouth Bancorporation by merger on 2/9/93

Reporting Individual's Name: Robert D. Inglis

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000 +
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Transfer of Retirement Account from Merrill Lynch Cash Management Fund to Shearson Lehman Brothers Inc. (both under Leatherwood Walker Todd + Mann, P.C. Employee Benefit Trust) [Retirement Account]. This was a change in broker handling account.*			X	3/4/92		X					

* This Retirement Account was subsequently converted into an individual account (not associated with Leatherwood Walker Todd + Mann, P.C.) by transfer formally made on 4/26/93. Will be reported as separate line item on next filing date.

Reporting Individual's Name
Robert D. Inglis

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

Positions	Name of Organization
Shareholder + Assistant VP *	Leatherwood Walker Todd + Mann, P.C., Greenville + Spartanburg, S.C. (Law Firm)

* Resigned December 1992

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1992 89-936A (94)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

1993 MAY 24 AM 10: 19

JAMES M INHOFE
(Full Name)

2139 E 32ND STREET — 202-225-2211
(Mailing Address) — Daytime Telephone

TULSA OK 74105-2213

Filer Status	X Member of the U.S. House of Representatives	State: OKLAHOMA District: ONE	Officer or Employee	Employing Office:
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date:

10

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(Office Use Only)

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PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	X	
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	X	
Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL — **DATE (Month, Day, Year)** MAY 21, 1993

Reporting Individual's Name

JAMES M. INHOFE

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	DISTRIBUTIVE SHARE OF "NON-PASSIVE" INCOME OF TULSA TIGER COMPANY IS		
	REPORTED IN SCHEDULE III.		

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
JAMES M. INHOFE

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	AIRCRAFT ELECTRONICS ASSOCIATION	SPEECH	MAY 22, 1992	$500
	(Sealed envelope identifying charity is attached)			

This page may be copied if more space is required.

Schedule II

Reporting Individual's Name
JAMES M. INHOFE

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	Less than $1,001	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	Less than $201	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X									X							
S	Dominion Bank				X											X						X									
S	F&M Bank & Trust					X										X							X								
S	Ford Motor Company						X							X									X								
	Congressional Federal Credit Union					X										X						X									
	Sears Savings Bank*						X									X							X								
	* Assets of a Revocable Living Trust																														

For additional assets and unearned income, use next page

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
JAMES M INHOFE

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Dean Witter Reynolds Inc.*		x									x							x									
	Dean Witter/Sears Money Market Trust*				x							x							x									
	Capital Advisors*									x		x											x					
S	Guaranty Abstract (not traded)		x															x										
	Bank IV - Winnie Mae Account			x														x										
JT	Tulsa Tiger Co., Distributive shares of S-Corporation	x															x					x						
	Unimproved real estate, South Padre Island, Texas - Tulsa Tiger Company						x											x										
	Tulsa Tiger Company - Receivables							x						x					x									

* Assets of a Revocable Living Trust

Details of Revocable Living Trust
Capital Advisors
Securities Assets
Schedule III

Asset and/or Income Source	Category Year End Value	Type Income	Category of Amount Income
Waste Management, Inc.	D	Dividend	II
Gillette Company	D	"	II
Nike, Inc.	D	"	II
Phillip Morris Companies	D	"	III
Royal Appliance Mfg. Co.	C		None
Dillard Department Stores	D	"	I
Gap Stores	C	"	II
Home Depot	D	"	I
Liz Claiborne	D	"	II
Wal-Mart Stores, Inc.	D	"	II
Amsco Int'l.	B		None
Telefonos De Mexico	D	"	II
Johnson & Johnson	D	"	III
United States Surgical Corp.	C	"	I
Warner Lambert	D	"	III
Amgen	C	"	None
Bristol-Myers Company	C	"	III
Merck & Co. Inc.	D	"	III
Apple Computer	C	"	II
Novelle Incorporated	C	"	None
Circus Circus Enterprises	C	"	None
Walt Disney Productions	D	"	II

The assets listed in Schedule III are managed by Capital Advisors, a registered investment adviser. Capital Advisors has full and complete discretion and trading authority over these assets. The asset managers do not consult with me on the nature or timing of any transactions with respect to any of these assets.

The decisions made with respect to the buying and selling of these assets are made by Capital Advisors as a part of its overall asset allocation model, which asset allocation model is also used for most, if not all, of the similarly constituted accounts managed by Capital Advisors.

Reporting Individual's Name
JAMES M. INHOFE

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	TRANSACTIONS OF REVOCABLE LIVING TRUST:											
	Phillip Morris		X		09-11-92	X						
	Marvel		X		07-31-92			X				
	Amsco		X		10-13-92	X						
	Gap Stores		X		12-17-92	X						

Reporting Individual's Name
JAMES M. INHOFE

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	State Federal Savings & Loan	Mortgage on Abingdon Condo			X (paid off in August)				
	FDIC	Final Judgment - Under appeal in Tenth Circuit Court						X	

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
JAMES M. INHOFE

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	Congressional Institute	Dec 4-6, '92	Wash. DC/Williamsburg/DC VA	Y	Y	Spouse	N

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Reporting Individual's Name
JAMES M. INHOFE

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
President	Tulsa Tiger Company

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 13 AM 9 44
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC (9)

HAND DELIVERED
(Office Use Only)

Jay Robert Inslee
(Full Name)

1431 Longworth Bldg. Washington D.C. 20515 — 202-225-5816
(Mailing Address) — Daytime Telephone

Filer Status	[/] Member of the U.S. House of Representatives — State: Wash District: 4	[ ] Officer or Employee	Employing Office:
Report Type	[/] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [/]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [/]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [/]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [/]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [/]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [/]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [/]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [/]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [/]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [/]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [/]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	**DATE (Month, Day, Year)** May 11, 1993

Reporting Individual's Name: Jay Inslee

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Pelos, Fowler & Inslee, compensation for services as attorney	Salary	31,562
	Washington State House of Representatives	Legislative Salary	22,806

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name

Jay Inslee

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500

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Reporting Individual's Name: Jay Inslee

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)									BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X					
			182 Main Street, Dover, Delaware					X						X									X						
	New York Life Insurance					X													Life insurance			X							
	Mutual Shield Fund				X										X							X							
	Potus Funder & Insider Stock Sale			X												X								\	X				X
	First Interstate Bank				X										X					X	Amt								
	Potus Funder & Insider			X											X								X						

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jay Inslee

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	

Reporting Individual's Name

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Peters Fowler & Inglee Stock		X		12-1-92		X					

Page 6 of 9

Schedule IV

1588

Reporting Individual's Name: Jay Inslee

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Robert and Gertrude Tindall	Mortgage on RTL Box 3088 Langley Island Wash.			X				

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name

Jay Inslee

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days

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Reporting Individual's Name: Jay Inslee

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Attorney / Director	Peters Fowler & Inslee
Legislator	Washington State House of Representatives

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement
12-1-96	Peters Fowler & Inslee	Buyout of Law Practice over 5 years.
		This contains no terms regarding
		future employment.

GPO: 1995 [illegible]

JAY INSLEE
4TH DISTRICT WASHINGTON

1431 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON DC 20515-4704
(202) 225-5816 FAX (202) 226-1137
TDD (202) 225-2904

COMMITTEES
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HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515-4704

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In State toll-free 1-800-759-1817

YAKIMA
701 NORTH FIRST STREET
SUITE B
YAKIMA WA 98901-2295
(509) 452-3243

TRI-CITIES
3311 WEST CLEARWATER
SUITE 105
KENNEWICK, WA 99336-2710
(509) 783-0310

WENATCHEE
112 NORTH MISSION STREET
WENATCHEE, WA 98801-2229
(509) 662-4294

June 28, 1993

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U.S. HOUSE OF REPRESENTATIVES

Congressman Jim McDermott
Chairman
U.S. House of Representatives
Committee on Standards of Official Conduct
Suite HT-2, The Capitol
Washington, DC 20515-6328

Dear Mr. Chairman,

Recently, it was brought to my attention that, through my previous law firm, I have a 401K account through the investment firm of Beard, Bench, and Mendenhall Inc., located at 120 South 3rd Street, Yakima, WA., 98902. I am also informed that I have a profit sharing rollover account as well.

The value of the 401K account is $4171.85 and the value of the profit sharing rollover account is $48,274.

I have enclosed, for your review, my amended Schedule III, Assets and "Unearned" Income section of my Financial Disclosure Statement for 1992.

I apologize for any inconvenience this may have created. If you have any questions, please do not hesitate to contact me or my Chief of Staff, Lisa Garza, at 225-5816.

Very truly yours,

Jay Inslee
Member of Congress

Reporting Individual's Name: Jay Inslee

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X									X								
	New York Life Insurance						X												Additional Life accumulation			X										
	Mckay Stealth Fund					X										X						X										
	Patricia Foster & Inslee Stock Sale				X												X								\		X					X
	First Interstate Bank					X										X				X	Bank											
	Patricia Foster & Inslee				X											X								X								
	Beard, Beach and Mundenhall INC							X								X																

For additional assets and unearned income, use next page

1594

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992	FORM A For use by Members, officers, and employees

Ernest James Istook Jr.
(Full Name)

6113 Inland
Home: (405) 722-3366
D.C. Ofc.: (202) 225-2132
Daytime Telephone:

Warr Acres, OK 73132
(Mailing Address)

Filer Status	☒ Member of the U.S. House of Representatives	State: Oklahoma District: 5th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

FEB 1993
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1993 MAY 13 PM 4:07
U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes ☐	No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes ☐	No ☒	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes ☒	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes ☒	No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes ☐ NA	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes ☒	No ☐	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes ☐	No ☒
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Ernest James Istook Jr.	May 8, 1993

Reporting Individual's Name
ISTOOK, Ernest James Jr.

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 3rd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of Oklahoma - House of Representatives	Legislative Salary	25,311 88
	Law Practice Income (self-employed)	Legal Fees	109,183 22 Gross
	Presbyterian Hospital	Spouse Salary-Nursing	N/A

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
ISTOOK, Ernest James, Jr.

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.				Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X								X									X
			George Wash. Credit Union Accounts				X									X								X							
			182 Main Street, Dover, Delaware						X						X									X							
	Law Office Furnishings & Equipment 5400 NW Grand, Oklahoma City					X														None	X										
	Istook & Associates, P.C., Stock					X														None	X										
JT	MidFirst Bank, Oklahoma City				X											X						X									
JT	Oklahoma Highway Credit Union, Okla. City				X											X						X									
DC JT	Community Bank, Warr Acres, OK					X										X						X									
JT	Home - 6113 Inland, Warr Acres, OK								X											None	X										

For additional assets and unearned income, use next page

Schedule III

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: ISTOOK, Ernest James, Jr.

Continuation Sheet (if needed)

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.																												
	Investors Group, Ltd., Stock		X																X										
DC	20th Century Ultra Fund Kansas City, MO			X								X			X						X								
DC	Fidelity Federal Savings Bank Richmond, VA (Certif. of Deposit)	X												X						X									X
	The following are/were held via an IRA (Next Four lines)																												
	Scudder Capital Growth Fund Boston, MA	X										X			X			Early Distribution				X							X
	Scudder Global Fund Boston, MA	X										X			X			Early Distribution					X						X
	Scudder International Fund Boston, MA	X										X			X			Early Distribution				X							X
	Scudder Japan Fund, Inc. Boston, MA		X									X			X					X									
	The following are/were held via self-directed retirement plan of Istook & Associates, P.C.: (Next 11 Lines)																												
	Liberty Nat'l. Bank And. Oklahoma City, OK			X										X				Early Distribution						X					
	T. Rowe Price Prime Reserve Fund Boston, MA	X												X				Early Distribution					X						X
	T. Rowe Price Science & Technology Fund Boston, MA	X										X			X			Early Distribution					X						X
	20th Century Cash Reserve Fund Kansas City, MO	X												X				Early Distribution				X							X
	20th Century Ultra Fund Kansas City, MO	X										X			X			Early Distribution						X					X

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ISTOOK, Ernest James, Jr.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Fidelity Contrafund Boston, MA	X										X			X			Early Distribution						X				X
(Aidoff) Michael & Marlene McVay Promissory Note - Okla City	X												X						X								
William Denton Prom. Note & Mortgage - Okla. City			X										X								X						
Judy McKinney Prom. Note & Mortgage - Okla. City			X										X					X									
Ron, Ann, Aaron & Julie Keating Prom. Note & Mortgage - Chandler & Depew, OK				X									X							X							
Ernest & Judy Istook Prom. Note & Mortgage - Weir Ann, OK					X								X					X									
Istook for Congress Committee Promissory Note - Loan				X									X					X									X

Reporting Individual's Name
ISTOOK, Ernest James, Jr.

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	MBNA America Bank, Wilmington, DE	Revolving Charge Accounts	X						

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
No reportable gifts		

Use additional sheets if more space is required.

Reporting Individual's Name
ISTOOK, Ernest James, Jr.

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Director	Warr Acres/Putnam City Chamber of Commerce, Warr Acres, OK
President & Director	Istook & Associates, P.C., Okla. City, OK
President & Director	Investors Group, Ltd., Okla. City, OK } NOTE: These unsalaried positions were taken
President & Director	Tundra Financial Corp, Ft. Worth, TX } solely to administer assets on behalf of law clients, from a settlement in a case

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1983 56-838A (m)

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U.S. HOUSE OF REPRESENTATIVES

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MC (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

Andrew Jacobs, Jr.
(Full Name)

2313 Rayburn Bldg. D.C. 20515 202-225-4011
(Mailing Address) Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives	State: IN District: 10th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes ☐	No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes ☐	No ☒	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes ☒	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes ☐	No ☒
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes ☒	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes ☐	No ☒	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See instructions, page 10)	Yes ☐	No ☒
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Andrew Jacobs Jr.	5-5-93

Reporting Individual's Name
ANDREW JACOBS, JR.

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	As an independent contractor, spouse did		
	feature T.V. segments for Channel 13, WTHR,		
	Indianapolis during 1992		$4,400.00

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name

ANDREW JACOBS, JR.

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	NONE			

This page may be copied if more space is required.

Reporting Individual's Name
ANDREW JACOBS, JR.

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Other Income (Specify type)	BLOCK C Income: Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT — Examples: S — ABC Corporation Stock			X								X								X								X
Examples: George Wash. Credit Union Accounts				X									X									X					
Examples: 182 Main Street, Dover, Delaware					X							X									X						
S (FIRST IND SAVINGS BANK · Indpls. Spouse checking Acc.)	$			1	7	9	9	8					X										$	9	1	3	
JT 2 U.S. TREASURY BILLS	$	2	0	0	0	0	0	0	0				X									8	2	5	2	0	0	
JT IND. NAT. BANK, INDPLS. checking			$	2	7	9	4	0					X														
JT IND. NAT. BANK, Ipls. MONY MARKET	$	4	7	4	3	5	4	4					X														
S IND. NAT. BANK, Ind's. Spouse's IRA	$	3	8	2	1	9	9	8					X														

(TOTAL INCOME FROM IND. NAT. BANK ON PAGE 5 →)

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ANDREW JACOBS, JR.

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) — A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $100,000	BLOCK D Transaction (X)
DC	IND. NAT. BANK, Tgl. SAV. ACC.				$	4	3	1.	4	1				X														
DC	IND. NAT. BANK, TGL SAV. ACC.					2	7	7.	2	4				X														
$ $ JT	Total INTEREST FROM END																											
	NAT. BANK, ENDPLE. :													X							$	3	2	0	5	4	1	
	CONG. FED. CR. UNION	$	1	1	5	4	1.	4	8					X							$		2	9	9.	2	8	
	ANDERSON, IND. BOND						-0-							X	$						$	1	8	0	0			
	LAWRENCEBURG, IND. BOND						-0-							X	$						$	3	2	3	7	5	0	X 1
	MONTICELLO, IND BOND	$	1	5	0	0	0	0	0					X							$	3	6	0	0	0	0	X 6
	SOUTH BEND, IND. BOND						-0-							X							$		8	5	0	0	0	
	IND. U. BOND				1	0	0	0	0	0				X							$	9	1	5.	0	0		
	GAS CITY, IND. BOND				2	2	0	0	0	0				X							$	6	4	0.	0	0		
	N. LAWRENCE, IN. SCH. BOND					5	0	0	0	0				X							$	1	0	1	7	5	0	X 5
	N. LAWRENCE, IN. SCH. BOND				3	9	0	0	0	0				X									1	0	8.	2		X 2
	FRANKLIN, IN. SCH. BOND				1	0	0	0	0	0				X									5	4	7.	1	0	X 3
	IND. Floyd Mem. HOSP. BOND				1	0	0	0	0	0				X									1	4	1.	6	7	X 4
	IND. FLOYD MEM. HOSP BOND				2	0	0	0	0	0													4	1	1.	6	6	X 7
																									-0-			X 8

Schedule III – Continuation

Reporting Individual's Name
ANDREW JACOBS, JR.

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
1	CASHED Precalled ANDERSON, IND. BOND FACE $70,000 premium $1,400	matured	X		3·1·92	7	1,	4	0	0,	0	0
2	Purchased N. LAWRENCE, IND. BOND	X			3·11·92		5,	0	0	0,	0	0
3	Purchased N. LAWRENCE, IND. BOND	X			3·2·92	3	0,	0	0	0,	0	0
4	Purchased Franklin, Ind. BOND	X			3·26·92	1	0,	0	0	0	0	0
5	Purchased GAS CITY, IND. BOND	X			7·5·92	2	2,	0	0	0,	0	0
6	CASHED Precalled Lawrenceburg, IND. BOND	matured	X		7·1·92	1	0,	0	0	0	0	0
7	Purchased Ind. Health (Floyd Memo Hosp) BOND	X			7·1·92	1	0,	0	0	0,	0	0
8	CASHED MATURED SOUTH BEND, IN. BOND	matured	X		7·1·92	2	0,	0	0	0,	0	0
9	Purchased (2nd) Ind Health (Floyd Memo. Hosp) BOND	X			7·1·92	2	0,	0	0	0,	0	0

Reporting Individual's Name
ANDREW JACOBS, JR

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	NONE								

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Reporting Individual's Name
ANDREW JACOBS, JR

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	NONE						

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Reporting Individual's Name
ANDREW JACOBS, JR.

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
NONE	

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1982 [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 17

William Jennings Jefferson
(Full Name)

428 Cannon Bldg
Washington, D.C. 20515
(Mailing Address)

Daytime Telephone

HAND DELIVERED (9)

mc

(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: LA District: 2	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Wm J. Jefferson

DATE (Month, Day, Year): 5/15/93

Reporting Individual's Name: William Jennings Jefferson

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Grambling State University - Grambling, La.	Spouse Salary	NA
	Southern University Baton Rouge, La.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
William Jennings Jefferson

SCHEDULE H—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$800
	NONE			

This page may be copied if more space is required.

Schedule H

Reporting Individual's Name: William Jennings Jefferson

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose as the far left. (This is optional.) See instructions, page 17.

SP/DC	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									BLOCK D Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Example: S ABC Corporation Stock			X								X								X							X
	Example: George Wash. Credit Union Accounts				X									X								X					
	Example: 182 Main Street, Dover, Delaware					X							X								X						
	Investment Property:																										
	Residential Rental Property 35 Waite Ave Kenilworth, N.J.						X						X											X			NONE
	Residential Rental Property Rte. 3 Box 26 Lake Providence, La					X							X										X				NONE
	Farm land - 40 acres Rte 3 Box 26 Lake Prov. La				X								X									X					NONE
	Farm land - 5 acres Rte 3 Box 26 Lake Prov. La			X									X								X						NONE
	Jefferson, Bryan Jupiter, et al (Shares in "legal" corp)								X						X										X		NONE

For additional assets and unearned income, use next page

Schedule III

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: William Jennings Jefferson

SP, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (SP), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	Jefferson For Mayor Campaign Committee Loan Rec					X												X										
	The Jefferson Committee Loan Receivable			X														X										
	Residential Rental Property 16 units 1520-32 Magnolia N.O. La				X							X						X										
	Residential Rental Property 12 units 1415 Esplanade N.O. La			X								X						X										
	Jefferson Interests Loan Receivable				X													X										

Reporting Individual's Name: William Jennings Jefferson

SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 28.

S, SO, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	NONE											

Reporting Individual's Name: William Jennings Jefferson

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Alaska Southern Mtg. Co.-Baton Rouge La	mortgage on 2712 Loyola Ave			X		X		
	Alaska Southern Mtg. Co: Baton Rouge, La	mortgage on 1415 Eplanade			X				
	Home Savings Loan - N.O. La.	mortgage on 1520-32 Kings Rd.					X		
	First Nat'l Bank, Lake Prov., La	Secured and unsecured		X					
	First Nat'l Bank N.O. La.	Secured	X						
	People's Bank & Trust Co, Chalmette, La	Unsecured			X				
	Hibernia Nat'l Bank	Secured	X						

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and food meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (walnut received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Reporting Individual's Name
William J. Jefferson

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	None						

This page may be copied if more space is required. Page ____ of ____ Schedule VII

Reporting Individual's Name
William J. Pfefferson

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
NONE	

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1992 80-535A (m)

WILLIAM J. JEFFERSON
2ND DISTRICT, LOUISIANA

WASHINGTON OFFICE
428 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1082
(202) 225-6636

WELDON J. ROUGEAU
CHIEF OF STAFF

DISTRICT OFFICE
1012 HALE BOGGS FEDERAL BUILDING
501 MAGAZINE STREET
NEW ORLEANS, LA 70130-3394
(504) 589-2274

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COMMITTEE
WAYS AND MEANS
SUBCOMMITTEES
OVERSIGHT
SOCIAL SECURITY

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515-1082

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93 MAY 26 PM 2:48
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U.S. HOUSE OF REPRESENTATIVES

May 25, 1993

1
✓
MC

Mr. Donnald K. Anderson
Clerk
U.S. House of Representatives
Records & Registration
1036 Longworth HOB
Washington, D.C. 20515

Dear Mr. Clerk:

I wish to bring to your attention an error in my Financial Disclosure Statement of May 15, 1993.

On Page 7 thereof, in referring to a mortgage held by Alaska Southern Mortgage Co. on property located at 2712 Loyola Avenue,I incorrectly marked under the heading "Category of Amount of Value" both columns "D" and "F." My intention was to mark column "D" only.

I regret this error. Please advise if this letter is sufficient for your files, or if it is necessary to submit a corrected Page 7.

Sincerely,

William J. Jefferson
Member of Congress

HAND DELIVERED

√ ① MC

Reporting Individual's Name
William Jennings Jefferson

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
NONE	

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U.S. HOUSE OF REPRESENTATIVES

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE DURING REPORTING PERIOD -- SEE 1990	DISCLOSURE FORM FOR PRIOR AGREEMENT

GPO: 1992 86-838A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 17 PM 4:52

Don Johnson
(Full Name)

P. O. Box 27
(Mailing Address)

202-225-4101
Daytime Telephone

Royston, Georgia 30662

Filer Status	[XX] Member of the U.S. House of Representatives	State: Georgia District: 10th	[ ] Officer or Employee	Employing Office:
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

HAND DELIVERED

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(Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [XX]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] NA No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [XX]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ] NA No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [XX]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [XX] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ] NA	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [XX] No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [XX]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [XX]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [XX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Don Johnson

DATE (Month, Day, Year): May 17, 1993

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Reporting Individual's Name

Don Johnson

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

Source	Type	Amount
Examples: State College	Approved Teaching Fee	$8,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Fairfax County Board of Education	Spouse Salary	NA
Johnson & Green - Attorneys at Law - Royston, Ga.	(*Gross Office Receipts $199,303.00) ** Net Income	$ 94,916.00
Johnson & Green - Attornyes at Law - Royston, Ga.	Retirement Agreement	$ 37,500.00
Johnson & Green - Attorneys at Law - Royston, Ga.	Spouse Salary	NA
Tri-County Bank, Royston, Ga.	Directors Fee	$ 4,800.00
Georgia State Senate	Salary	$ 8,344.68
* Gross office receipts includes amounts paid out for employee salaries and office		
expenses from total income to law practice.		
** Net income is net (pre-tax) income to filer after deducting office employees salaries and expenses.		

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name

Don Johnson

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)								Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X							X
			George Wash. Credit Union Accounts				X								X					
			162 Main Street, Dover, Delaware					X						X						
	Stock - Tri-County Bank, Royston, Ga.						X						X							
JT	IRA's - Tri-County Bank, Royston, Ga.					X									X					
	Cattle - Hart County, Ga.				X											X				
	Office Building 373 Church St., Royston, Ga.						X							X						
JT	Home & 125 acre farm Hart County, Ga.								X											
	Office Assets					X										X				

BLOCK C Income: Category of Amount of Income (X)									
None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000
		X							
				X					
			X						
			X						
			X						
X									
				X					
X									
						X			

For additional assets and unearned income, use next page

Reporting Individual's Name

Don Johnson

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,000 over
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Tri-County Bank, Royston, Ga.	Mortgage on 373 Church St. Royston, Ga.			X				
	First National Bank, Elberton, Ga.	Personal Loan for campaign – secured by stock		X					

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
	NA	

Use additional sheets if more space is required.

Reporting Individual's Name
Don Johnson

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 28.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Director	Tri-County Bank, Royston, Ga.
Proprietor	Johnson & Green, Royston, Ga.
Senator	State of Georgia
Trustee	Royston Baptist Church

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 28.

Date	Parties To	Terms of Agreement
Dec. 1, 1992	Filer & Michael Green	Retirement settlement from law practice

GPO: 1992 90-535A (pu)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
CLERK & FIN. MGMT.
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(9) MAY 17 1993
MC
(Office Use Only)

Eddie Bernice Johnson
(Full Name)

6305 Elder Grove Drive
(Mailing Address)

Dallas, Texas 75232

Daytime Telephone: (202) 225-8885

Filer Status	[X] Member of the U.S. House of Representatives	State: Texas District: 30	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Eddie Bernice Johnson **DATE (Month, Day, Year)** May 14, 1993

Reporting Individual's Name

Eddie Bernice Johnson

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of Texas	Texas Legislative Salary	$4,200
	State of Texas	Texas Legislative Pension	$ 5,600
	W. Steven Walker	Consultation	$10,000
	Rosen and Associates, Inc.	Consultation	$ 2,000
	Earl Bentley & Associates	Consultation	$ 2,200
	University Texas - Arlington (date of service rendered June 1992)	Consultation	$ 225

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
Eddie Bernice Johnson

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
XYZ Magazine	Article	Aug. 13, 1992	$500
Houston Tilloson College, Austin, Texas Museum of African-American Life and Culture	Speech	May 9, 1993	$300.00

This page may be copied if more space is required.

Reporting Individual's Name: Eddie Bernice Johnson

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S DC JT	Examples:	S	ABC Corporation Stock		X								X									X									X
			George Wash. Credit Union Accounts			X									X									X							
			182 Main Street, Dover, Delaware				X							X									X								
	7514 - 7516 Olusta Drive Dallas, TX 75217 (Duplex)					X							X											X							
	Texas Federal Credit Union			X										X						X											
	Mutual of America (IRA)			X														X		X											
	2107 Lanark Ave., Dallas, TX 75203 (Single family house)					X							X											X							
	U. S. Savings Bonds			X										X							X									X	

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Eddie Bernice Johnson

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	N/A																										

Schedule III – Continuation

Reporting Individual's Name: Eddie Bernice Johnson

SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	United States Savings Bonds "EE" Series	X			one-a-month	X						

Reporting Individual's Name

Eddie Bernice Johnson

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

SP, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Colonial Savings & Loan Management	7514 - 7516 Olusta Drive Dallas, TX 75217	X						
	Red Oak Bank Mortgage	2107 Lanark Avenue Dallas, TX 75203	X						
	Banc One Company	Demand Note and Settlement Appealing		X					
	Peoples Savings & Loan	Demand Note and Settlement Appealing					X		
	Bank United	1122 Colorado Boulevard Austin, TX 78701			X				

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Reporting Individual's Name

Eddie Bernice Johnson

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Aspen Institute	04/02/93 - 04/11/93	Wash, D.C. - Capetown, South Africa	Y	Y	None	None

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Reporting Individual's Name
Eddie Bernice Johnson

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
N/A	

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
01/08/93 (est.)	State of Texas (Retirement/Pension)	Payments for life.

GPO: 1992 [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 17

Nancy Lee Johnson
(Full Name)

343 Cannon House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-4476

HAND DELIVERED (10)

Filer Status	[X] Member of the U.S. House of Representatives	State: CT District: 6	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

MC

(Office Use Only)

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Nancy L. Johnson

DATE (Month, Day, Year) 5/17/93

1635

Reporting Individual's Name
Nancy Lee Johnson

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Grove Hill Medical Center	Spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Honorable Nancy L. Johnson

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
XYZ Magazine	Article	Aug. 13, 1992	$500
Connecticare	Speech	July 23, 1992	$200
Business Week	Speech	October 1, 1992	$200
Business Week	Speech	October 1,'92	$200
American College of Emergency Physicians	Speech	April 6, 1992	$500
American College of Emergency Physicians	Speech	April 6, 1992	$500

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Reporting Individual's Name
Nancy Lee Johnson

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)									Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT Examples: S	ABC Corporation Stock			X								X									X							X
	George Wash. Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X							X									X						
	American Savings Bank (escrow acct)		X											X						X								
	American Savings Bank (IRA)			X														NA										
	Bank of Western Mass. (chkg acct)				X									X							X							
	CT Gen. Realty Investors			X										X						X								
	CT National Bank (IRA)			X														NA										
	Fidelity CT Tax Free High Yield				X									X									X					

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Nancy Lee Johnson

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H over $1,000,000			DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Fidelity Govt Securities		X											X								X							
Fidelity Growth & Income Port (IRA)		X															NA											
Fidelity Spartan Ginnie Mae (IRA)		X															NA											
Fidelity Utilities Income Fund (IRA)			X														NA											
First City Bank (chkg acct)		X											X						X									
First City Bank (stock)		X											X					X										
Fleet Bank (IRA)		X															NA											
Fleet Bank (savings acct)		X											X						X									
Gino's Associates (ltd ptnrshp)			X										X					X										
Glaxo (stock)		X									X							X										
ICC Harbin		X											X						X									
Integrated Resources (ltd pshp)		X												X				X										
Janus Venture Fund		X											X						X									
Lindner Dividend Fund (IRA)		X															NA											
Mutual Shares Fund (IRA)		X															NA											

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Nancy Lee Johnson

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	$201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	Nuveen Muni-Bond Fund			X								X		X							X								
	Nuveen Tax Exempt Unit Trusts			X									X										X						
	Paine Webber Global Inc. Fund		X										X						X										
	Pension Fund (Grove Hill M.C.)							X										NA											
	Rental Property (785-7 Corbin Ave.N.Britain)					X						X											X						
	Stanley Works (stock)					X						X										X							
	Vanguard Extended Market Port. (IRA)		X															NA											
	Wright Patman Fed. Credit Union (chkg acct)		X										X							X									

Schedule III – Continuation

Reporting Individual's Name: Nancy Lee Johnson

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Fidelity OTC Portfolio		X		4/9/92	X						
	Fidelity CT High Yield		X		4/9/92	X						
	Fidelity Puritan Fund		X		6/15/92	X						
	Fidelity Growth & Income Portfolio		X		6/15/92	X						
	Fidelity Overseas Fund		X		6/15/92	X						
	Fidelity Intl Growth & Income Fund		X		6/15/92	X						
	Fidelity Capital Appreciation Fund		X		6/15/92	X						
	Fidelity Convertible Securities Fund		X		6/15/92	X						
	Evergreen Fund		X		6/22/92	X						
	Paine Webber Global Fund		X		6/22/92	X						
	Fidelity Utilities Income Fund		X		6/15/92	X						
	CGM Mutual Fund		X		6/2/92	X						
	Ivy Growth Fund		X		6/2/92	X						
	Shadow Stock Fund (James & Babson)		X		6/12/92	X						
	U.S. Treasury Notes		X		6/1/92		X					
	Mutual Shares Fund		X		6/22/92	X						
	Nuveen Muni-Bond Fund		X		4/1/92	X						

Reporting Individual's Name: Nancy Lee Johnson

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	USAA Cornerstone Fund		X		6/2/92	X						
	Stanley Works Stock		X		6/19/92		X					
	Boston Cap. Apprec. Fund		X		6/10/92	X						
	Paine Webber Bond Portfolio (gift to sister)				9/4/92	X						
	Paine Webber Mutual Fund (gift to sister)				9/4/92	X						
	Scott Paper stock (gift to sister)				9/17/92	X						
	Janus Venture Fund	X			9/19/92	X						

Schedule IV

Reporting Individual's Name
Nancy Lee Johnson

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	First City Bank of New Britain, CT	Mortgage on 785-7 Corbin		X					

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name

Honorable Nancy L. Johnson

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Ripon Society	Nov. 6-15	NY - Brussels - Paris - NY	Y	Y	Spouse	1 day
	Carter Center	Nov. 19	Htfd., CT - Atlanta - Htfd., CT	N	Y	no	none
	Republican Headqaurters, Rochester, NY	Sept. 8	Htfd., CT - Rochester, NY - Htfd., CT	N	Y	no	none
	Aspen Institute	Aug. 20-28	NY - Vienna - NY	Y	Y	Spouse	none
	Women's Campaign Fund	Aug. 13-14	Wash., DC - Houston - Newark - Htfd. CT	Y	Y	no	none
	Congressional Research Service - Ways & Means Cmt.	May 7-9	Wash., DC - Newport - Htfd., CT	Y	Y	no	none

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HAND DELIVERED

(Office Use Only)

1645

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

Robert Samuel Johnson
(Full Name)

1030 Longworth
(Mailing Address)

(202) 225-4201
Daytime Telephone:

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Texas District: 3rd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [XX]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [XX]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [XX]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ] No [XX]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [XX]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ] No [XX]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [XX]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [XX]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [XX]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

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EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [XX]

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SIGNATURE OF REPORTING INDIVIDUAL	**DATE (Month, Day, Year)** 5/17/93

Reporting Individual's Name

Hon. Sam Johnson

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	United States Air Force Disability Pay	U.S.A.F. Retirement	$46,248.00

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

Hon. Sam Johnson

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

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	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500

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Reporting Individual's Name
Hon. Sam Johnson

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

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BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
JT	SRJ Designs, Incorporated																													
	A. 3513 Shorecrest						X							X											X					
	B. Book Royalties																		royalties				X							
JT	Congressional Federal Credit Union														X							X								
JT	Sentinel Group Fund															X														

For additional assets and unearned income, use next page

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name: Hon. Sam Johnson

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
S, DC, JT		A None	B Less than $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000			DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	

Reporting Individual's Name
Hon. Sam Johnson

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				

Schedule IV

Reporting Individual's Name
Hon. Sam Johnson

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	(SRJ Designs) Kislak Mortgage Corporation, Miami Lakes, FL	Mortgage on 3513 Shorecrest		X					

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name

Hon. Sam Johnson

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Congressional Institute Conf.	Dec. 4-6	Wash, DC-Williamsburg,VA-DC	Y	Y	Spouse	N
	Anti Defamation League	Nov. 11-18	Dallas-Tel Aviv-Dallas	Y	Y	Spouse	N
	Texas Nature Conservancy	Nov. 20-22	Dallas-Corpus Christi-Dallas	Y	Y	Spouse	N

This page may be copied if more space is required.

Reporting Individual's Name
Hon. Sam Johnson

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
President	SRJ Designs, Incorporated Plano, Texas
Board Member	Dedman School at Southern Methodist University Dallas, Texas

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1986 89-534A (pu)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

FILED
1993 APR 19 PM 3 35
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
7
HAND DELIVERED
MC (Office Use Only)

Timothy Peter Johnson
(Full Name)

2438 Rayburn HOB 202-225-2801
(Mailing Address) Daytime Telephone

Wash. D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives — State IL, District 19	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF [redacted] INDIVIDUAL: Timothy P. Johnson	DATE (Month, Day, Year): 4.15.93

Reporting Individual's Name
Tim P. Johnson

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Fairfax Co. (VA.) Public Schools Springfield, VA.	Spouse Sal.	N/A

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name: Tim P Johnson

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) — A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
S	ABC Corporation Stock			X								X									X								X
Examples:	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
JT	102 N. Pine Vermillion SD					X							X							X									
"	716 E. National "			X									X							X									
"	Community 1st Bank "	X												X							X								
"	Wonsolved Bank Alex. Va.			X										X							X								
	Cong Fed Cr. Union D.C.	X												X							X								
"	Dominion Bank Richmond VA			X										X								X							

For additional assets and unearned income, use next page

Schedule III

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Tim P. Johnson

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.																												
JT	Apple Fed C.U. Fairfax VA			X										X						X									
"	MBNA Alex VA.				X									X								X							
"	Wayne Trust S&L Jeanville FL.			X										X						X									
"	Pax World Fund			X								X								X									
"	Janus Serv. Corp			X								X								X									

Reporting Individual's Name: Tim P Johnson

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

SP, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Home Trust S.L. Vermillion SD	mtg on 102 N Plum St		X					
		TILE, NATIONAL							
		Vermillion, S.D.							

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
-NONE-		

Use additional sheets if more space is required.

Reporting Individual's Name
Tim P Johnson

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Carnegie Foundation	Feb 15-16	Wash DC-Boca Raton FLA. + Return to DC	Y	Y	Spouse	N

This page may be copied if more space is required.

Reporting Individual's Name
Tim P Johnson

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Board member	University of So. Dakota Foundation

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1988 90-0354 (86)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

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HAND DELIVERED

(Office Use Only)

HARRY A. JOHNSTON, II
(Full Name)

204 CANNON HOUSE OFFICE BUILDING
(Mailing Address)

WASHINGTON, DC 20515

Daytime Telephone: 202/225-3001

Filer Status	[X] Member of the U.S. House of Representatives	State: Florida District: 19	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: [signature]

DATE (Month, Day, Year): 5/13/93

Reporting Individual's Name

HARRY A. JOHNSTON, II

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
NONE			

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
HARRY A. JOHNSTON, II

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
NONE				

This page may be copied if more space is required.

Reporting Individual's Name
HARRY A. JOHNSTON, II

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X							X
	George Wash. Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X							X									X						
	AMERICAN EXPLORATION COMPANY		X									X								X								
	AMERITECH			X								X									X							
	AT & T			X								X									X							
	BELL ATLANTIC			X								X									X							
	BELL SOUTH			X								X									X							
	BLACKSTONE NORTH AMERICAN GOV INCOME TRUST					X						X											X					

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: HARRY A. JOHNSTON, II

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
	BROWNING FERRS INDUSTRIES			X								X								X									
	CARLYLE R/E LIMITED PART XIV		X									X							X										
	CENTOCOR INC.		X									X							X										
	CITY OF JAX AIRPORT IMPROVE.		X											X						X									
	DIAL CORPORATION			X								X								X									
	DALLAS SEMICONDUCTOR CORP.		X									X							X										
	EDS		X									X								X									
	EXXON			X								X										X							
	FIDELITY FEDERAL S&L (PASSBOOK)			X										X								X							
	FIDELITY FEDERAL (CD)			X										X								X							
	FIDELITY FEDERAL (CD)		X											X								X							
	FIRST UNION (COMMON)						X					X												X					
	FIRST UNION (PREFERRED)			X								X											X						
	FIDELITY FEDERAL SAVINGS BANK		X											X						X									
	FIRST AUSTRALIA FUND		X									X									X								

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: HARRY JOHNSTON, II

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) — None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	FLAGLER BANK CORPORATION CLASS				X							X									X								
	FLAGLER NATIONAL BANK (CD)			X										X								X							
	FP & L						X					X												X					
	GE				X							X									X								
	GFC FINANCIAL (FROM DIAL CORP)			X								X								X									
	GM			X								X									X								
	GM/HUGHES		X									X								X									
	H&Q LIFE			X								X							X										
	HALLWOOD ENERGY, PART L.P.		X									X							X										
	HULTON ADVANTAGE PROP. II			X								X							X										
	IMREG INC.			X								X							X										
	J.C. PENNY				X							X									X								
	JAX ELECTRIC AUTHORITY			X										X							X								
	MASS STATE HOUSING AUTHORITY				X									X										X					
	MCKESSON CORP.				X							X									X								

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	D.C. JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
NUEVO CO.				X								X							X										
NUVEEN FLA. QUAL. INC. MUT. FUN						X						X											X						
NYNEX CORP.				X								X									X								
ORLANDO UTILITIES COMMISSION				X										X							X								
PACIFIC TELESIS				X								X								X									
PALM BEACH COUNTY CREDIT UNION				X										X							X								
PRUDENTIAL GOV'T SECURITIES					X							X							X										
PRUDENTIAL MONEY MARKET ASSETS			X									X											X						
RAMAPO FINANCIAL CORP.				X								X									X								
REAL EQUITY PARTNERS				X								X							X										
REEBOK INT'L LIMITED					X							X								X									
SILVER SCREEN PARTNERS II		X										X									X								
SILVER SCREEN PARTNERS III				X								X									X								
SOUTHEAST PUBLIC SER. CO.		X										X							X										
SOUTHWEST BELL				X								X								X									

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: HARRY A. JOHNSTON, II

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
		TALIAFERRO CITY, GA., Vacant Lot, 1000 acres, 1/3 ownership (timber)					X								X								X					
		TRANSAMERICA , INC. SHARES		X								X								X								
		U.S. WEST			X							X								X								
		VAN KAMPEN MERRITT FLA. QUALITY MUNICIPAL TRUST					X					X											X					
		VIACOM INC. CLASS			X							X							X									
		WASTE MANAGEMENT, INC.			X							X								X								
		WHEELABRATOR TECH			X							X								X								
		W.P. CONG. FED. CREDIT UNION CHECKING ACCOUNT			X									X						X								
		W.P. CONG. FED. CREDIT UNION SAVINGS ACCOUNT		X										X						X								
		JONES, FOSTER, JOHNSTON & STUBBS -PROFIT SHARING					X											NONE	X									
		5.3 ACRES LOXAHATCHEE RIVER RD. JUPITER, FL GOV. LOT 4.26-40-42							X									NONE	X									
		VACANT LOTS, 1/2 OWNERSHIP: LOT 5, BLOCK 1, GREENVIEW SHORES I OF WELLINGTON & SEC. 30, TWP. 42S, RIE (AG-52) OF ROYAL PALM BEACH, FL			X													NONE	X									

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: HARRY A. JOHNSTON, II

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	13.5 ACRES IN HENRY CITY., GA 1/2 INTEREST						X											NONE	X										
	0.9 INT. IN FLAGLER BANK PARTNERSHIP II			X														NONE	X										
	FLAGLER NATIONAL BANK PERSONAL (ACCOUNT)			X										X						X									

Schedule III – Continuation

Reporting Individual's Name
HARRY A. JOHNSTON, II

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	FPL GROUP, INC.	X			2/14/92		X					
	FPL GROUP, INC.	X			10/16/92		X					
	H&Q LIFE SCIENCE, INC.	X			5/1/92	X						

Reporting Individual's Name
HARRY A. JOHNSTON, II

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	NONE								

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Reporting Individual's Name

HARRY A. JOHNSTON, II

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 8–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	NONE						

This page may be copied if more space is required.

Reporting Individual's Name
HARRY A. JOHNSTON, II

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
BOARD OF DIRECTORS	PINE JOG
TRUSTEE	CHASTAIN FOUNDATION

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1992 [illegible]

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1993 JUN 16 PM 2:09
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

HARRY JOHNSTON
CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515-0919

June 15, 1993

(4)

MC

Mr. Bernard Raimo
Chief Counsel
Committee on Standards
of Official Conduct
Suite HT-2, The Capitol
Washington, D.C. 20515-6328

Dear Mr. Raimo:

This is in reply to your letter of May 21, 1993.

First I will address those matters contained in Paragraph 2 noted as "disclosed on this year's form, but not on last year's form":

- First Australia Fund - this was overlooked on last year's form. It was worth less than $15,000, I received dividends from this investment of no more than $1,000.

- Flagler National Bank Corporate Class - this was listed in last year's return as Flagler Bank Corporation.

- Prudential Government Securities is a transfer made by my Stockbroker on December 31, 1992, from the Money Market to a Government Securities. On January 2nd, it is moved back into the Money Market.

- Southeast Public Services Corp. stock was worthless last year and it is worthless this year, and I merely mentioned it for information purposes.

- J.C. Penny was listed on my previous return.

Last year you required me to list the assets in the Pru-Bache IRA account and the Pru-Bache special account, which I have done with such purchases as H&Q Life Science, Inc. under schedule IV transaction.

19TH DISTRICT, FLORIDA
MAJORITY WHIP AT LARGE
CHIEF OF STAFF
SUZANNE STOLL
DISTRICT ADMINISTRATOR
DIANE BIRNBAUM

COMMITTEES
BUDGET
FOREIGN AFFAIRS
SUBCOMMITTEES
AFRICA, CHAIRMAN
INTERNATIONAL ECONOMIC
POLICY & TRADE
INTERNATIONAL OPERATIONS

WASHINGTON OFFICE
204 CANNON HOUSE
OFFICE BUILDING
WASHINGTON, DC 20515-0919
202 225 3001

BROWARD COUNTY OFFICE
MARGATE CITY HALL
5790 MARGATE BOULEVARD
MARGATE, FL 33063
305-972-6454 X 378

PALM BEACH COUNTY OFFICE
1501 CORPORATE DRIVE
SUITE 250
BOYNTON BEACH, FL 33426
407 732 4000
305 428 4888

Mr. Bernard Raimo
June 15, 1993
Page 2

Finally, in response to those items requested in paragraph 1:

0 Prudential Bache IRA - see the attached client statement

0 Prudential Bache Special Account - stocks have been listed in the schedule under H&Q Life and part of the Prudential Government Securities.

0 Vanguard Group - this was omitted inadvertently and is worth more than 50,000, less than 100,000, the income is between 2,500 - 5,000 per year by dividend.

With warmest regards,

Sincerely,

HARRY JOHNSTON, M.C.

HJ:dj

Client Statement

Prudential Securities

Prudential Securities Incorporated, a subsidiary of The Prudential Insurance Company of America, Newark, New Jersey

Retirement Account

For the Period: Oct 1 - Dec 31, 1992

Account Number: 034-816565-03

Net Worth

	OPENING	CLOSING
PRICED SECURITIES VALUE	$13,117.57	$13,947.28
CASH BALANCE	$.00	$.18
DIRECT INVESTMENTS	(See Direct Investments section for details)	
TOTAL NET WORTH	$13,117.57	$13,947.46

Your Financial Advisor:
ARTHUR FRITZ
VICE PRESIDENT
50 COCOANUT ROW
SUITE 200
PALM BEACH, FL 33480-4095
407-820-0420

Your Federal ID Number: 262-38-4871

PRUDENTIAL SECURITIES C/F
HARRY A JOHNSTON II
IRA DTD 4-17-89
P O DRAWER E
WEST PALM BEACH FL 33402-3475

Income & Distributions

	THIS PERIOD	YEAR TO DATE
MONEY FUND DIVIDENDS		$60.07
DIVIDENDS	$35.74	$35.74
TOTAL INCOME	$35.74	$95.81

This statement will serve as the annual report for your retirement plan account. If your account contains assets that are not held at Prudential Securities or a value is not readily available, you will be receiving a separate year-end valuation letter which will include such asset values. You will need this information to calculate mandatory distributions if you are age 70 1/2 or older. Also if you have made a non-deductible IRA contribution in 1992 or have taken an IRA distribution in 1992 and at any time made a non-deductible IRA contribution, the value of your IRA must be reported on Form 8606.

Account Activity

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE/ENTRY	AMOUNT CHARGED	AMOUNT CREDITED
12/28	Dividend		AIM MEINGARTEN FUND DIV DISTRIBUTION	Income		$.18
12/30	Purchased	2.045	AIM MEINGARTEN FUND SPINOFF FROM UTS GOV EQ TRSR 2 R TO PAY DISTRIBUTION DATED 12/30/92	017.390	$35.56	
12/30	Dividend		DIV ON 700 UTS GOV EQ TRSR 2 RG	Income		$35.56

Portfolio Summary

DESCRIPTION	QUANTITY	PRICE	VALUE	ESTIMATED ANNUAL INCOME	COMMENTS
AIM EQUITY FUNDS MEINGARTEN FUND	4.045	17.330	$70.10		
UNITS GOVERNMENT SECURITIES EQUITY TRUST SERIES 2	700	14.079	$9,855.30		
M & Q LIFE SCIENCES INVESTORS SH BEN INT	275	14.625	$4,021.88		

See reverse side for additional information

Portfolio Summary (CONTINUED)

DESCRIPTION	QUANTITY	PRICE	VALUE	ESTIMATED ANNUAL INCOME	COMMENTS
PRICED SECURITIES VALUE			$13,947.28		

Direct Investments

DESCRIPTION	QUANTITY	PRICE	FACE AMOUNT	COMMENTS
HUTTON SO TMBR I	2,000	1.000	$2,000.00	a
TOTAL DIRECT INVESTMENTS			$2,000.00	

We have provided the above details about direct investments for informational purposes only. It reflects purchases through Prudential Securities or information supplied to us. Positions designated by a are not held in your account at Prudential Securities. We have not confirmed that you continue to own this security with the issuer. Face amounts do not represent current market value.

TO YOU AND TO ALL OF OUR VALUED CLIENTS WE EXTEND OUR SINCERE WISHES FOR A HAPPY, HEALTHY AND PROSPEROUS 1993.
THANK YOU FOR ALLOWING US TO SERVE YOUR INVESTMENT AND FINANCIAL NEEDS.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 AM 11:09

7

HAND DELIVERED

(Office Use Only)

Paul E. Kanjorski
(Full Name)

103 S. Hanover St.
(Mailing Address)

Daytime Telephone:
Nanticoke, PA 18634 — 202-225-6511

Filer Status	[X] Member of the U.S. House of Representatives	State: Pennsylvania District: 11	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Paul E. Kanjorski

DATE (Month, Day, Year) 5/13/93

Reporting Individual's Name

Paul E. Kanjorski

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Estate of Josephine Mazukewicz	Executor's fee	$3,769.12

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name

Paul E. Kanjorski

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	Arnold & Porter, Casualty & Property-12 Group	Speech	May 14, 1992	$500

This page may be copied if more space is required.

Reporting Individual's Name
Paul E. Kanjorski

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Other Income (Specify type)	BLOCK C Income: Category of Amount of Income (X)										Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X										X							X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X										X						
	Mellon Bank, Wilkes-Barre, PA					X									X							X								
	Cong. Fed. Credit Union, DC					X									X						X									
	Law Office Movable Assets					X														X										
	Real property - 20+ acres, ½ interest, Dallas Twp., Luzerne County, PA									X										X										
	Real property - 90+ acres, 1/5 interest - Wright Twp., Luzerne County, PA									X										X										

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Paul E. Kanjorski

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	IRA Equitable Life			X															X										
JT	IRA Prudential Bache Securities Am. Capital Govt. Fund				X														X										
	1/10 interest in Father's estate				X														X										
	1/5 interest in Mother's estate				X														X										
	1/2 interest, 126 S. Franklin St., Wilkes-Barre, PA						X														X								

Reporting Individual's Name
Paul E. Kanjorski

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Hanover National Bank, Wilkes-Barre, PA	½ installment sales agreement mortgage on 126 S. Franklin St., Wilkes-Barre, PA		X					

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Reporting Individual's Name
Paul E. Kanjorski

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Board of Trustees	Wilkes University, Wilkes-Barre, PA
Board of Delegates	Economic Development Council of Northeastern Pennsylvania

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement
N/A		

GPO: 1992 [illegible]

Reporting Individual's Name

Paul E. Kanjorski

(1) MC

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
XYZ Magazine	Article	Aug. 13, 1992	$500
Arnold & Porter Property & Casualty-12 Group	Speech	May 14, 1992	$500
Washington, DC			

HAND DELIVERED

1993 JUN -9 PM 2:27
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

PEK 6/9/93

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Schedule II

PAUL E. KANJORSKI
11TH DISTRICT, PENNSYLVANIA

COMMITTEE ON BANKING, FINANCE AND URBAN AFFAIRS

CHAIRMAN
SUBCOMMITTEE ON ECONOMIC GROWTH AND CREDIT FORMATION

COMMITTEE ON POST OFFICE AND CIVIL SERVICE

DEMOCRATIC WHIP AT LARGE

HAND DELIVERED

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1993 MAY 26 PM 3:16
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

WASHINGTON OFFICE:
2429 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3811
(202) 225-6511

DISTRICT OFFICE:
[illegible] STREET BUILDING
WILKES-BARRE, PA 18701-2387
(717) 825-2200

TOLL FREE HELP-LINE
(800) 222-2348

Congress of the United States

Washington, DC 20515-3811

May 26, 1993

1

✓

MC

The Honorable Donnald K. Anderson
The Clerk
U.S. House of Representatives
Office of Records and Registration
1036 Longworth Building
Washington, DC 20515

Dear Donn:

When I filed my Financial Disclosure Statement earlier this month, I inadvertently failed to check an item in Block C of Schedule III for the last item listed on page 5.

For my half interest in 126 S. Franklin Street, Wilkes-Barre, the type of income generated should have been checked as "rent".

I regret any inconvenience this oversight may have caused.

Sincerely,

Paul E. Kanjorski

Paul E. Kanjorski
Member of Congress

THIS STATIONERY PRINTED ON PAPER MADE WITH RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 PM 1:05
CLERK, HOUSE OF REPRESENTATIVES

(9) HAND DELIVERED
MC
(Office Use Only)

Marcia (Marcy) C. Kaptur
(Full Name)

1841 Dority Drive
(Mailing Address)

Toledo, Ohio 43615

Daytime Telephone: (419) 259-7500

Filer Status	[X] Member of the U.S. House of Representatives	State: Ohio District: Ninth	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Marcia (Marcy) C. Kaptur

DATE (Month, Day, Year): 5/12/93

Reporting Individual's Name
Marcia (Marcy) C. Kaptur

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name

Marcia (Marcy) C. Kaptur

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	NONE			

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Reporting Individual's Name
Marcia (Marcy) C. Kaptur

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
		Standard Federal Bank			X										X								X							
		Little Flower Credit Union			X										X						X									
		Society Bank and Trust			X										X							X								
		Charter One Bank				X									X									X						
*		U.S. Savings Bonds (Series EE)					X								X					X	(see	*	below)							
*		Transamerica (IRA)				X									X					X	(see	*	below)							

For additional assets and unearned income, use next page

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Marcia (Marcy) C. Kaptur

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) — None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
*	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.																												
	1854 Harlan Road (home and lot)				X														X	(see * below)									
	Congressional Federal Credit Union				X									X							X								

*property vacant for repairs/rental to begin 1993

Schedule III—Continuation

Reporting Individual's Name
Marcia (Marcy) C. Kaptur

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	NONE											

Reporting Individual's Name
Marcia (Marcy) C. Kaptur

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	NONE								

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Reporting Individual's Name
Marcia (Marcy) C. Kaptur

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Congressional Competitiveness Caucus (fact finding)	1/22-24/92	Detroit, MI - Austin, TX - San Jose, CA - Toledo, OH	y	y	NONE	N
	American Sugarbeet Growers Assn. (speech)	1/26-27/92	Detroit, MI - Tampa, FL - Washington, DC	y	y	NONE	N

This page may be copied if more space is required.

Reporting Individual's Name
Marcia (Marcy) C. Kaptur

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
NONE	

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1992 86-836A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
CLERK OF THE HOUSE
1993 MAY 17 AM 10: 36
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC 5
HAND DELIVERED
(Office Use Only)

John R. Kasich
(Full Name)

63 North West Street — 614-469-7318
(Mailing Address) — Daytime Telephone:

Westerville, Ohio 43081

Filer Status	[X] Member of the U.S. House of Representatives — State: Ohio, District: 12th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL — John R. Kasich

DATE (Month, Day, Year) May 12, 1993

1696

Reporting Individual's Name
John R. Kasich, M.C.

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X							X
	George Wash Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X							X									X						
	BankOne, Columbus, Ohio			X										X						X								
	Wright Patman Credit Union, Wash.,DC			X							(savings)			X						X								
	Wright Patman Credit Union, Wash.,DC			X							(money market)			X						X								
	Northwestern Mutual Variable Annuity				X							X										X						
	Northwestern Mutual Variable Annuity			X								X									X							
	Northwestern Mutual Variable IRA			X								X									X							

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John R. Kasich, M.C.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Putnam U.S. Government Securities				X							X												X					
	First Capital Insured			X								X							X										
	Alliance Insured Account				X							X												X					
	Washington Mutual Fund				X							X												X					
	Medex Inc., Ohio			X								X							X										

Reporting Individual's Name: John R. Kasich, M.C.

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Northwestern Mutual Variable Annuity	X			Payments per month	X						
	Northwestern Mutual Variable Annuity	X			Payments per month	X						
	Northwestern Mutual IRA	X			Payments per month	X						

Reporting Individual's Name
John R. Kasich, M.C.

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Member, Board of Directors	Concord Counseling, Columbus, Ohio

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 28.

Date	Parties To	Terms of Agreement
	None	

GPO: 1992 50-535A (m)

1700

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

1993 MAY 17 PM 3:59

HAND DELIVERED

(6)

JOSEPH P. KENNEDY II
(Full Name)

73 BIGELOW STREET
(Mailing Address)

BRIGHTON, MA 02135

Daytime Telephone: (202) 225-5111

Filer Status	[X] Member of the U.S. House of Representatives	State: MASSACHUSETTS District 8	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

mc (Office Use Only)

1701

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [X]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	MAY 17, 1993

Reporting Individual's Name

JOSEPH P. KENNEDY II

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X									X							
	Fleet Bank Accounts, Boston, MA					X										X					X										
	Merrill Lynch Retirement Reserves & Balanced Funds, Stamford, CT (IRA's)							X						X											X						X
	January 27, 1926 Trust, Joseph P. Kennedy grantor, FBO Robert F. Kennedy, NY, NY																	X									X				
	August 31, 1959 Trust, Robert F. Kennedy grantor, FBO Joseph P. Kennedy II, NY, NY																	X									X				
	August 31, 1959 Trust, Robert F. Kennedy grantor, FBO David A. Kennedy, NY, NY																	X						X							
	Joseph P. Kennedy II Blind Trust dated June 16, 1987, Washington, DC																		X		X										

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JOSEPH P. KENNEDY II

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
	Angerman Gas Venture - 1981 (a ltd. partnership holding oil and gas properties), Pittsburgh, PA		x	*														Oil & Gas		x									
	L.F. Rothschild Venture Capital Fund (ltd partnership), Menlo Park, CA-Overall Value		x															Partnership Income	x										
	Assets of the ltd. partnership reflecting an .18% interest exceeding $1,000 include: -Cadre Technologies, Beaverton, OR		x															None	x										
	Interest in the estates of Robert F. Kennedy and David A. Kennedy, as yet undistributed				x													None	x										
	U.S. Treasury Department - Income Tax Refund													x								x							
	(Mentor Graphics - disclosed in 1991 below reporting threshold in 1992)																												

* Based on good faith estimate

Reporting Individual's Name

JOSEPH P. KENNEDY II

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

$, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Merrill Lynch Retirement Reserve & Balanced Fund - Monthly dividend reinvestment	X			Monthly during 1992	X						

Reporting Individual's Name
JOSEPH P. KENNEDY II

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Honorary Chairman	Citizens Enery Corp.
Honorary Chairman	National Children's Day Foundation, Inc.
Chairman, Vice President	The Canadian Robert F. Kennedy Memorial
Member, Board of Directors	The Flax Trust - America
Limited Partner (Transferee)	Angerman Gas Venture - 1981
Limited Partner (Transferee)	L.F. Rothschild Venture Capital Fund

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO: 1982 50-636A (ms)

Joseph P. Kennedy II
1992 Financial Disclosure Statement

ADDITIONAL INFORMATION

Direct and beneficial interests of my children have not been reported herein since neither of them lives with me or is my dependent within the meaning of Sec. 152 of the Internal Revenue Code.

In addition to the beneficial interests in the excepted trusts and qualified blind trust disclosed above, I have beneficial interests in the excepted trusts listed below. No income was received from these trusts during 1992.

Trust under the will of George Skakel
Trust under the will of Ann B. Skakel

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 17 [illegible] 3 02

HAND DELIVERED

mc

(Office Use Only)

BARBARA BAILEY KENNELLY
(Full Name)

95 SCARBOROUGH STREET
(Mailing Address)

HARTFORD, CONNECTICUT 06105

Daytime Telephone (203) 523-1116

Filer Status	[X] Member of the U S House of Representatives	State CT District 1	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e g , salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, § 101 et seq) The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, § 104 and 18 U S C § 1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Barbara B. Kennelly	May 17, 1993.

1707

Reporting Individual's Name

BARBARA BAILEY KENNELLY

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Rome, Case, Kennelly & Klebanoff, P.C.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

1708

Reporting Individual's Name

BARBARA BAILEY KENNELLY

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock			X								X								X									X
		George Wash. Credit Union Accounts				X									X								X							
		182 Main Street, Dover, Delaware					X							X								X								
		John Moran, Incorporated (Beachhouse) 144 Middle Beach Rd., Madison, CT						X											X											
S		South Street Associates (3 1/3% Share) 502 South Street, Bristol, CT			X													None	X											
S		RCK&K Realty (22% Share) 693 Bloomfield Ave., Bloomfield, CT					X											None	X											
S		RCK&K, P.C., Pension Plan						X					X		X									X						

For additional assets and unearned income, use next page

Reporting Individual's Name

BARBARA BAILEY KENNELLY

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Smith Barney (IRA)		x		9-9-92	x						
S	Smith Barney (IRA)		x		1-21-92	x						

1710

Reporting Individual's Name

BARBARA BAILEY KENNELLY

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
S	Union Trust Bank of Bloomfield, CT	Personal Loan		x					
S	First Bank of West Hartford, CT	Personal Loan		x					

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name

BARBARA BAILEY KENNELLY

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 8-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	National Legislative Education Foundation	November 7-10	Hartford, CT-Los Angeles-Chicago-Atlanta-Hartford, CT	Y	Y	None	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

1993 MAY 17 PM 4:16

HAND DELIVERED

(7)

(Office Use Only)

DALE EDWARD KILDEE
(Full Name)

1434 JANE AVENUE
(Mailing Address)

FLINT, MI 48506

Daytime Telephone: 202/225-3611

Filer Status	[X] Member of the U.S. House of Representatives	State: MICHIGAN District: 7th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Dale E. Kildee

DATE (Month, Day, Year) MAY 17, 1993

1713

Reporting Individual's Name
DALE EDWARD KILDEE

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	SHANNON & LUCHS REAL ESTATE	SPOUSE COMMISSIONS	NA

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
DALE EDWARD KILDEE

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock		X									X									X									X
	George Wash Credit Union Accounts				X									X									X							
	182 Main Street, Dover, Delaware					X							X									X								
JT	DOMINION BANK		X											X						X										
JT	CONGRESSIONAL FEDERAL CREDIT UNION		X											X						X										
	IRA CONGRESSIONAL CREDIT UNION		X											NA					NA											
S	IRA CONGRESSIONAL CREDIT UNION		X											NA					NA											
S	S.E.P. DOMINION BANK		X											NA					NA											
	MICHIGAN LEGISLATIVE RETIREMENT *					X								NA					NA											

For additional assets and unearned income, use next page

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: DALE EDWARD KILDEE

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
DC	U.S. SAVINGS BOND			X																							

Page ___ of ___

Schedule III—Continuation

Reporting Individual's Name

DALE EDWARD KILDEE

SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
DC	U.S. SAVINGS BOND		X		7-9-92	X						

Schedule IV

Page ____ of ____

Reporting Individual's Name
DALE EDWARD KILDEE

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
S	CITIZENS COMMERCIAL & SAVINGS BANK of Flint, Michigan	Co-Signature, Commercial Loan Congressman Kildee Committee		X					

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
DALE EDWARD KILDEE

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1-1-77	State of Michigan and Self	Life and Health Insurance

GPO: 1982 [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 17

JAY C. KIM
(Full Name)

2219 Rusty Pump Road — 202-225-3201
(Mailing Address) — Daytime Telephone

Diamond Bar, California 91765

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 41st	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

HAND DELIVERED
MC
(Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Jay Kim	**DATE (Month, Day, Year)** May 15 93

1720

Reporting Individual's Name

JAY C. KIM

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

Source	Type	Amount
Examples: State College	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Fairfax County Board of Education	Spouse Salary	NA
JAYKIM Engineers, Inc. Diamond Bar, California	Salary	$186,300
Wyatt-JayKim Engineers, Inc. Lewiston, Idaho	Salary	$13,850
J & J Property, Diamond Bar, California	Property Mgmt. Fee	$15,500

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
JAY C. KIM

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X									X							
JT	Rental Property		8865 Balboa Ave S.Diego, Ca.								X				X													X			
JT	Rental Prop.		750 State St. S. Diego, Ca.						X						X											X					
JT	Rental Prop.		2891 Canyon Crest Dr. #56 ~~Riverside, Ca.~~						X						X						X										
JT	Rental Prop.		1091 Pinehurst Ave ~~Palm Desert, Ca.~~				X								X						X										
	OMNI 1 (Partnership)		1300 S.Valley Vista Drive Diamond Bar, CA.									X			X														X	

For additional assets and unearned income, use next page

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JAY C. KIM

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
Sears Liquid Asset Dean Witter Reynolds(IRA Acct)			X										N/A							X								
Great Western F.S.B. (Investment IRA Acct.)				X									N/A							X								
Union Bank (Savings Acct.)				X									X							X								
B of A(Savings Acct.)				X									X							X								
JAYKIM Engineers (Profit Sharing)					X								N/A								X							
JAYKIM Engineers								X					N/A						X									
Wyatt-JayKim Engineers						X					X													X				
JAYKIM FOR CONGRESS COMMITTE (Accounts Receivable)					X																							

Reporting Individual's Name: JAY C. KIM

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	The Money Store, Sacramento, CA.	Mortgage on 8865 Balboa Dr. San Diego, Ca.					X		
JT	Coast Federal Bank, Burbank, CA	Mortgage on 750 State St. San Diego, Ca.			X				
JT	National Bank, Dallas Texas	Mortgate on 2891 Canyon Crest Dr. $56 Riverside, Ca.		X					
JT	Bank of California	Mortgage on 1300 S. Valley Vista Drive, Diamond Bar, CA							X

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
JAY C. KIM

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
President	JAYKIM Engineers, Inc.
President	Wyatt-JAYKIM Engineers
Proprietorship	J&J Properties

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1988 88-086A (pa)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 17 AM 9:08
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
mc
(Office Use Only)

PETER THOMAS KING
(Full Name)

1442 ROTH ROAD (202) 225-7896
(Mailing Address) Daytime Telephone

SEAFORD, NEW YORK 11783

Filer Status	☑ Member of the U.S. House of Representatives — State N.Y. District 3	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes ☐	No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes ☐	No ☒	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes ☒	No ☒	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes ☐	No ☒
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes ☐	No ☒	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes ☐	No ☒	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes ☐	No ☒
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Peter King	**DATE (Month, Day, Year)** 5/15/93

1726

Reporting Individual's Name
PETER T. KING

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	COUNTY OF NASSAU, MINEOLA, N.Y. 11501	COMPTROLLER	$103,000
	MR. BEAUTY FOWLE LTD. FREEPORT, N.Y.	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
PETER T. KING

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X									X								
	CHEMICAL BANK															X						X										
	SEAFORD N.Y. 11783																															

For additional assets and unearned income, use next page

Schedule III

①

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U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

JOHN HEDDENS KINGSTON
(Full Name)

29 ISLAND DRIVE
(Mailing Address)

912/352-1844
Daytime Telephone

SAVANNAH, GA 31406

Filer Status	[X] Member of the U.S. House of Representatives	State: GA District: 1st	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

mc **HAND DELIVERED**
(Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	**DATE (Month, Day, Year)** May 13, 1993

1729

Reporting Individual's Name
JOHN HEDDENS KINGSTON

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Palmer & Cay/Carswell Savannah, GA	Salary	97,707
	Georgia General Assembly Atlanta, GA	Salary	17,313

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

JOHN HEDDENS KINGSTON

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
	Palmer & Cay/Carswell Stock									X			X									X								
	NationsBank				X										X							X								
S	Courtland Reserves Money Market				X										X	X						X								
	Savannah Foods & Industries Stock				X								X									X								
	D & H Impact Marketing Stock				X										X							X								
	Wachovia Checking Account				X										X							X								

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JOHN HEDDENS KINGSTON

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
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	Merrill Lynch Money Market-Sav'g Acct			X										X						X								
	Harkin Oil & Gas Stock		X															X										
	111 Jacqueline Dr./Savannah, GA					X							X										X					
	5 Island Drive/Savannah, GA					X							X										X					
	8424 Ferguson Ave/Savannah, GA				X													X										
	108 18th St/Tybee Island, GA					X							X							X								
	American Capital Venture IRA				X									X					N	/	A							
	American Capital Venture IRA				X									X					N	/	A							
	Palmer & Cay/Carswell Employee Stock Bonus					X								X				X		X								
	Roswell, GA G/O Dtd 6/1/88				X									X						X								
	Gwinnett County GA School District				X									X						X								
DC	Putnam Municipal Stocks			X										X						X								
DC	Cats Series S Zero Coupon Gov't Bond Corporate Bonds			X										X				X		X								
DC	Strips - TINT Government Securities			X										X				X		X								
DC	Europe Fund, Inc. Stock Fund (Merrill Lynch)			X								X								X								

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JOHN HEDDENS KINGSTON

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
	CATS Zero Coupon Bonds (M. Lynch)			X										X				X	X									
	Global Income Fund-Bond (M. Lynch)			X										X				X	X									
	CATS - Series A Coupon (I. Johnson)				X									X				X	X									
DC	GA Development Authority Municipal Bond/Marietta, GA			X										X					X									
	STRIPS Zero Coupon Gov. Bonds			X										X				X										
	CATS Zero Coupon Bond			X										X				X	X									
	TIGER Coupon Bond			X										X				X	X									
	Stock Mutual Fund Franklin Custodian Utility (M.Lynch)			X								X							X									
	CATS Zero Coupon Bonds			X										X				X										
	State of GA Retirement Plan			X														X										

Reporting Individual's Name

JOHN HEDDINS KINGSTON

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Marzee Cunningham/Arizona	Mortgage 108 18th St.,/Tybee Is.,GA		X					
	Newman Hall, Tennessee	Mortgage 111 Jackqueline Dr/Sav,GA		X					
	Isadora Roundtree, Georgia	Mortgage 8424 Ferguson Ave/Sav, GA	X						

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name

JOHN HEDDENS KINGSTON

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Director & VP/Commercial Ins.	Palmer & Cay/Carswell of GA., Inc.
Director & VP Commercial Ins.	Palmer & Cay/Carswell, Inc.
State Representative	Georgia General Assembly H.D. #125

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1/5/93	J. Kingston & State of Georgia	Health Care Plan

GPO: 1992 50-535A (ps)

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992	FORM A For use by Members, officers, and employees

RECEIVED
OFFICE OF THE CLERK
93 MAY 10 AM 9 47
OFFICE OF THE CLERK
U.S. HOUSE OF REP.

Congressman Gerald D. Kleczka
(Full Name)

3268 South 9th Street — 202-225-4572
(Mailing Address) — Daytime Telephone

Milwaukee, WI 53215

Filer Status	[XX] Member of the U.S. House of Representatives — State: WI District: 4	[ ] Officer or Employee	Employing Office:
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

8

MC MAY 5 1993
(Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [XX]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [XX]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [XX]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [XX]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [XX]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [XX]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [XX]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [XX]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [XX]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [XX]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [XX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Gerald D. Kleczka	April 24, 1993

1736

Reporting Individual's Name
Gerald D. Kleczka

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	George Washington Hospital, Alexandria, VA	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Gerald D. Kleczka

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
XYZ Magazine	Article	Aug. 13, 1992	$500
Security Industry Assoc., Washington DC	Speech	March 3,1992	$2,000

This page may be copied if more space is required.

Reporting Individual's Name
Gerald D. Kleczka

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None"

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X									X									X
			George Wash. Credit Union Accounts			X									X									X							
			182 Main Street, Dover, Delaware					X						X									X								
JT	3262 S 9th St, Milwaukee, WI						X							X											X						
	Rental Property																														
JT	Security Bank				X										X								X								
	184 W Wisconsin Ave, Milw, WI																														
JT	Lincoln Savings Bank				X										X							X									
	3131 S 13th St, Milw, Wi																														

For additional assets and unearned income, use next page

Schedule III

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Gerald D. Kleczka

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset – Year End Value (X): None	A: Less than $1,001	B: $1,001 - $15,000	C: $15,001 - $50,000	D: $50,001 - $100,000	E: $100,001 - $250,000	F: $250,001 - $500,000	G: $500,001 - $1,000,000	H: over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income – Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I: None	II: Less than $201	III: $201 - $1,000	IV: $1,001 - $2,500	V: $2,501 - $5,000	VI: $5,001 - $15,000	VII: $15,001 - $50,000	VIII: $50,001 - $100,000	IX: $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	Congressional Federal Credit																												
	Union, LHOB, Washington DC				X									X							X								
	Wisconsin Retirement System																												
	201 W Washington, Madison, WI						X					X		X	X									X					
	AIM Equity Funds				X							X		X	X				X										
	11 Greenway Plaza, Houston, TX																												
	The American Funds				X							X		X	X						X								
	PO Box 659522 San Antonio, TX																												
S	TIAA GREF Retirement Acct				X							X		X	X						X								
	730 Third Ave, NY, NY																												

Reporting Individual's Name: Gerald D. Kleczka

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	AIM Equity Funds, 11 Greenway Plaza, Houston TX	X					X					
	The American Funds, PO Box 659522, San Antonio, TX	X					X					

Reporting Individual's Name
Gerald D. Kleczka

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Lincoln Savings Bank	Mortgage on 3262 S 9th St		X					
	3131 S 13th St., Milwaukee, WI	Milwaukee, WI							

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name

Gerald D. Kleczka

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	National Board Of Realtors	2/27-3/2	Wash DC-Ft Myers-Wash	Y	Y	Spouse	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1993 JUN 10 AM 9:55
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC (40)

HAND DELIVERED

(Office Use Only)

HERBERT C. KLEIN
(Full Name)

34 Lenox Ave, Clifton, N.J. 07012 — 201-471-0028/202-225-5751
(Mailing Address) — Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: N.J. District: 8	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, § 101 et seq) The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app. 6, § 104 and 18 U S C § 1001)

SIGNATURE OF REPORTING INDIVIDUAL Herbert C. Klein — **DATE (Month, Day, Year)** June 10, 1993

1744

Reporting Individual's Name
HERBERT C. KLEIN

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Klein Chapman	Law Partnership Distribution	$529,498.
	H & R Block	Spouse salary	8,798.
	First Real Estate Investment Trust of New Jersey	Directors Fees	10,500
	Security Indemnity Insurance Co.	Directors Fees	4,569
	Apex Associates	Spouse-fees	2,760

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Herbert C Klein

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
None				

This page may be copied if more space is required.

Schedule II

Reporting Individual's Name
Herbert C. Klein

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
JT	Valley National Bank (Acct)					X													X										
	Due From Klein For Congress								X										X										
S	Alina Associates				X							X	X	X										X					
	Alina Associates				X							X	X	X										X					
S	Willet Associates				X								X	X										X					
	Willet Associates				X								X	X										X					

For additional assets and unearned income, use next page

Schedule III

1747

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: HERBERT C. KLEIN

SJ, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	Chicago Calumet Skyway Bond			X										X							X								
	Klein Chapman Partnership							X				X											X						
	N.J. EDA HAckensack Water Bond			X										X							X								
S	Transmedia			X															X										
	Guardian Life Ins-Policy			X	X									X							X								
S.	Shawmut Corp Note				X									X	X							X							
S.	Citicorp Sub Note				X									X	X							X							
S	Chrysler Fin Corp.					X								X	X								X						
	Oppenheimer Target Fund IRA					X													X										
S	Citibank-Account			X										X						X									
	Loan Receivable-David Rothman					X													X										
S	Smith-Barney IRA			X															X										
S	Ocean County Utility Auth Bond			X										X								X							
	NVF Corp			X								X								X									
S	Security Indemnity Insurance Co								X										X										

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Herbert C. Klein

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset – Year End Value (X): None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income – Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
S	F G Associates		X																X										
	F G Associates		X																X										
S	Kay Holding Co.						X												X										
	Kay Holding Co.						X												X										
	Wolverine Power						X							X										X					
	Indy Associates								X									Distrib.							X				
	CFC Associates							X											X										
	Prospect East									X			X	X													X		
	Rockford Arms							X											X										
S	Forest Hills Associates							X					X	X												X			
	Forest Hills Associates							X					X	X											X				
	One Calvert Co.				X														X										
	Continental Associates					X								X										X					
	Mercantile Associates						X						X	X									X						
	Clifton-Passaic Mgt Co.				X							X	X	X						X									

Schedule III – Continuation

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: HERBERT C. KLEIN

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
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S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Ironwood Hills L.P.				X														X										
	Terra Rica Investors L.P					X													X										
	North Drive Arms L.P		X																X										
S	Franklin - US Securities Fund			X								X									X								
S	Pfizer - com. stock			X								X								X									
	Ogden Corp			X								X									X								
	OMI Corp		X									X								X									
	Baroid Corp			X								X								X									
	United Water Resources						X					X											X						
	Eli Lilly Co				X							X									X								
	NL Industries			X								X								X									
	Kemper Growth Fund					X						X									X								
	UJB Financial Corp				X							X									X								
S	Valley National Bancorp					X						X										X							
	Rockwell International				X							X									X								

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Herbert C. Klein

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
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S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Clifton-Passaic Management Co.				X								X	X	X						X								
S	Womens Investment Group			X								X			X						X								
S	Skyline Associates				X								X	X								X							
	Skyline Associates				X								X	X								X							
S	Boulevard Associates				X								X	X							X								
	Boulevard Associates				X								X	X							X								
S	Estate of Cynthia Klein				X									X						X									
	Estate of Cynthia Klein				X									X						X									
	Jersey Investors Growth Co.							X						X							X								
	Russ-Lyon Realty (Phoenix- Land)						X							X	X					X									
	Colonial Village					X													X										
	Belgrove Construction		X																X										
	Belgrove Arms							X											X										
	Ben Geller Trustee Acct					X													X										
	Haddonfield Associates				X														X										

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: HERBERT C. KLEIN

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) – None	A – Less than $1,001	B – $1,001 - $15,000	C – $15,001 - $50,000	D – $50,001 - $100,000	E – $100,001 - $250,000	F – $250,001 - $500,000	G – $500,001 - $1,000,000	H – over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) – DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) – None	I – Less than $201	II – $201 - $1,000	III – $1,001 - $2,500	IV – $2,501 - $5,000	V – $5,001 - $15,000	VI – $15,001 - $50,000	VII – $50,001 - $100,000	VIII – $100,001 - $1,000,000	IX – over $1,000,000	BLOCK D Transaction (X)
	Masco Corp				X							X									X								
	Valley National Bancorp - stock							X				X												X					
S	NJ Tax Exempt Inc-Putnam Fund			X								X								X									
	H & R Block - stock				X							X									X								
	Tremont Corp	X										X			X						X								
	Ramapo Financial Corp		X									X								X									
	Israel Bank of Agriculture		X									X								X									
	IMCERA Group			X								X									X								
	First Real Estate Invest Tr-stk									X		X													X				
S	First Real Estate Invest TR-stk							X				X												X					
S	Avatar Holdings			X								X								X									
	N.Y. Life Insurance-Policy			X																									
Jt	Condo-Verona, N.J.						X						X												X				
JT	Residence-Clifton, N.J.							X											X										
	Atlas Corp			X															X										

Reporting Individual's Name
HERBERT C. KLEIN

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S	Merril Lynch CBA Money Fund		X											X						X									
	Avesis common stock			X																X									
S	High Yield Management Acct-Attached																												
	High Yield Mgt Tax Exempt Fund			X										X						X									
S	Prime Motor Inns stock	X																	X										
	State of Israel Bonds				X									X							X								
S	West N.Y. Municipal Bond			X										X							X								
S	PaineWebber Money Market Acct			X										X						X									
	Calton common stock	X																	X										
	Thompson Growth Fund			X										X						X									
	Solitron Stock			X																X									
S	Valley National Bank stock				X							X											X						
S	Smith Barney IRA			X															X										
	Smith Barney Money Funds			X										X						X									
S	First Essex Bancorp EDO common stock		X		X							X							X	X									

HIGH YIELD MANAGEMENT
SECURITIES, INC
4 BRIGHTON ROAD
CLIFTON, NEW JERSEY 07012

CONTACT YOUR ACCOUNT REP:
JEFFREY GOLDSTERN

For Questions Call
LOCAL 201-773-5648
NATIONWIDE 800-223-0804

JACQUELINE KLEIN
34 LENOX AVENUE
CLIFTON NJ 07012

Account Number 0PD-003549 SS/ID 135-34-5384 Page 1

STATEMENT PERIOD
NOV 28, 1992 THRU DEC 31, 1992

BR Number 0000000141 R00208170

SUMMARY

Opening Net Money Balance	0.00
Closing Net Money Balance	0.00
Total Market Value - Dec 31	642,479.73
Equity - Dec 31	642,479.73
Equity - Nov 28	624,016.92

	THIS PERIOD	YEAR TO DATE
Div Non-Taxable	9.28	172.36
Corp Interest	9,570.82	82,549.09
US Govt Interest	0.00	223.05
Non-Taxable Dist	0.00	7,997.30
Sales Proceeds	105,500.00	1,015,492.49

ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	AMOUNT
11-29			**OPENING BALANCE**	0.00
12-01	DIVIDEND RECEIVED		DAILY TAX EXEMPT MONEY FD SH BEN INT DIVIDEND RECEIVED	9.28CR
12-01	REINVESTMENT	9.28	DAILY TAX EXEMPT MONEY FD SH BEN INT NET DIV REINVEST	9.28
12-02	YOU SOLD	[illegible]	CHRYSLER CORP NT DTD 08/01/87 10.40% 8/1/1990 .100 @ 102.50	96,946.60CR
12-02	YOU SOLD	-100,000	MIDI ARTIC CORP NT 9.38% 08/01/1990 .400 @ 94.60	96,538.19CR
12-02	YOU BOUGHT	191,284.19	DAILY TAX EXEMPT MONEY FD SH BEN INT @ 1	191,284.19
12-15	INTEREST		TRANSCO ENERGY CO DEB DTD 08/15/1990 9.625% 08/15/2000	4,890.63CR
12-16	YOU BOUGHT	4,890.63	DAILY TAX EXEMPT MONEY FD SH BEN INT @ 1	4,890.63
12-30	YOU BOUGHT	195.000	FEDL HOME LN MTG CRP 1441 SA RESET FORM 12.48% 12/15/1997 22.20-(2X1 MO LIBOR) FIRST RESET DATE 1/15/93 .100 YTM 11.000 PSA	201,374.06
12-30	YOU SOLD	-201,374.06	DAILY TAX EXEMPT MONEY FD SH BEN INT @ 1	201,374.06CR
12-31			**CLOSING BALANCE**	0.00

ACCOUNT TYPE	QUANTITY	SECURITY DESCRIPTION	SYMBOL	MARKET VALUE ON DEC 31 PER SHARE	TOTAL
CASH	2,692.26	DAILY TAX EXEMPT MONEY FD SH BEN INT 7 DAY AVG NET YIELD 3.01 %	FDEDX	1	2,692.26
		MUTUAL FUNDS			2,692.26

Account Number 0PD-003549 SS/10 135-24-5384 Page 2

STATEMENT PERIOD
NOV 28, 1992 THRU DEC 31, 1992

RR Number 000000141 R00268170

ACCOUNT TYPE	QUANTITY	SECURITY DESCRIPTION	SYMBOL	MARKET VALUE ON DEC 31 PER SHARE	TOTAL
CASH	198,000	FEDL HOME LN MTG CRP 1441 3A RESET FORM 12.45% 12/15/1997 22.20-(2X1 MO LIBOR) FIRST RESET DATE 1/15/93 OUR FACE 198000.00		102	198,900.00
CASH	9,000	FINANCING CP CPN FICO STRIPS SER 8 8/3/03 INT PMT 10.35% 2018	31771	45.468	4,092.12
CASH	10,000	INFINITY BROADCASTG CORP SR SUB NT 10.375% 03/15/2008		100	10,000.00
CASH	125,000	MIDLANTIC CORP SUB CAP NT 9.20% 08/01/2001	59780	93.765	117,206.25
CASH	125,000	PRESIDENTIAL LIFE CORP NT 11 125% 05/15/1994		101	126,250.00
CASH	85,000	TRANSCO ENERGY CO DEB DTD 08/15/1990 9.625% 08/15/2000		98.046	83,339.10
CASH	100,000	USBANCORP NT 8 875% 07/15/1997		100	100,000.00

* * * * * For an explanation of fixed income pricing please see back of statement. * * * * *

FIXED INCOME 639,787.47

End of Statement

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: HERBERT C. KLEIN

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
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S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000 over $1,000,000	
The following are assets of the Krieger Family Trust. Reporting individual and spouse each have a 6¼% beneficial interest in the Trust.																											
New York City-Muni Bonds				X									X								X						
City of Orange, N.J.-Muni Bond			X										X							X							
Trust Co. of N.J. =CD					X								X									X					
Valley National Bank -Acct								X					X											X			
Alina Associates-partnership							X										Distrib.							X			
Willet Associates-partnership								X									Distrib								X		
Kay Holding Co.					X													X									
Clifton-Passaic Management Co.				X														X	X								

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: HERBERT C. KLEIN

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
	Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
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S, DC, JT	The following are assets of the Benedict Krieger Family Trust. Reporting individual & spouse each hold a 6¼% beneficial interest in Trust.																										
	Eaton Enterprises								X									X									
	Lenox Associates					X												X									
	Apex Associates					X											Distrib					X					
	F G Associates		X															X									
	Glen View Associates							X										X									
	Interboro Holding Co		X															X									
	Skyline Associates								X								Distrib						X				
	Boulevard Associates								X								Distrib	X									
	Terra Rica Investors				X													X									
	Bancponce common stock				X						X									X							
	Centex Telemanagement com stk				X													X									
	Federal Nat'l Mort Assn Stock				X						X									X							
	Merck & Co. common stock				X						X									X							
	Newscorp Cayman Islands-stock				X						X											X					
	Toys R Us common stock				X													X									

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: HERBERT C. KLEIN

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
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Trust Co. of N.J. CD					X								X										X					
Upjohn common stock				X							X									X								
Valley National Bank-CD's								X					X											X				
Wachovia Corp. common stock				X							X									X								
Walt Disney Co.=common stock				X							X								X									
National Community Bank CD					X								X									X						
NJ Highway Authority Bond					X								X									X						
US Treasury Bills								X					X										X					
Valley National Bank=ck acct				X									X										X					
Chula Vista CA Hsg Bond					X								X										X					
Los Angeles CA DWA Elec.Bond				X									X									X						
California PCF Rev Mob.Oil Bond					X								X										X					
Sacramento CA Mun Util Elec Bond					X								X										X					
Calif.St.Var Purp GO Bond					X								X										X					
NJ State Hsng Fin Agy Bond				X									X								X							

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: HERBERT C. KLEIN

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
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	NJ St Highway Auth=GardenSt.Pkwy Bond					X								X									X					
	Smith Barney Brokers Account-See Attached									X	Sch A																	
	High Yield Mgt Brokers Acct-See Attached								X		Sch.B																	
	Merrill Lynch Brokers Acct-See Attached							X			Sch C																	

Schedule A -

ACCOUNT NO.	TAXPAYER	STATEMENT PERIOD	PAGE
079-333115	224-41-9099	11-28-92 TO 12-31-92	3 OF 25

BENEDICT KRIEGER FAMILY TRUST
JACQUELINE K KLEIN TTEE
DTD 1-22-86

Smith Barney ACCOUNT

PORTFOLIO POSITIONS AS OF 12-31-92

TYPE	QUANTITY	SECURITY DESCRIPTION	DATE ACQUIRED	COST	UNIT COST	CURRENT PRICE	CURRENT VALUE	UNREALIZED GAIN/LOSS	CURR EST INCOME	ANNUAL YIELD
MONEY MARKET FUNDS										
1	297850	TAX FREE MONEY FD		297,850.00	1.000	1.000	297,850.00		6,552.70	2.2
		SUBTOTAL.....		297,850.00	.....		297,850.00		6,552.70	2.2
STOCKS & OPTIONS										
1	2000	* AMERICAN TEL AND TELEG CO	11-22-89	82,536.00	41.268	51.000	102,000.00	19464+LT	2,640.00	2.6
1	1000	* ANHEUSER BUSCH COS	10-05-92	54,719.71	54.720	50.500	50,500.00	3780+ST	1,280.00	2.2
1	2000	AQUARION COMPANY	03-18-92	42,502.50	21.251	25.000	50,000.00	7498+ST	3,240.00	6.5
1	1000	* AMGEN INC	07-03-89	23,191.25	23.191	8.500	8,500.00	14691-LT	280.00	3.3
1	500	BALDWIN TECH INC CL A	09-04-91	3,197.00	6.394		2,375.00	822-LT		
1	1500	BALDWIN TECH INC CL A	09-05-91	10,101.50	6.734		7,125.00	2977-LT		
1	3500	BALDWIN TECH INC CL A	09-23-91	24,010.50	7.009		16,625.00	8186-LT		
FOT	5500	BALDWIN TECH INC CL A		38,109.00	6.929	4.750	26,125.00	11985-		
1	1000	* BOEING CO	09-11-91	50,324.00	50.324	40.125	40,125.00	10199-LT	1,000.00	2.5
1	250	* BRISTOL MYERS SQUIBB CO	01-29-92	20,295.25	85.181	67.500	16,875.00	4420-ST	720.00	4.3
1	2000	* CITICORP	02-05-91	31,044.50	15.522	22.250	44,500.00	13456+LT		

PORTFOLIO POSITIONS AS OF 12-31-92

TYPE	QUANTITY	SECURITY DESCRIPTION	DATE ACQUIRED	COST	UNIT COST	CURRENT PRICE	CURRENT VALUE	UNREALIZED GAIN/LOSS	CURR EST INCOME	ANNUAL YIELD
	2000	CITICORP DEPOSITARY SHS EA REPRESENTING A ONE-TENTH INTEREST IN A SHARE OF 9.00% PFD STK SERIES 14	03-26-92	49,752.50	24.876	25.375	50,750.00	998+ST	4,540.00	8.9
	2000	* CONSOLIDATED EDISON NY	04-23-92	56,502.50	28.251	32.625	65,250.00	8748+ST	3,000.00	5.0
	1500	* DISNEY WALT CO DEL	01-18-90	20,507.75	20.500	43.000	45,000.00	14412+LT	210.00	.5
	1000	* DOW CHEMICAL CO	06-03-91	57,095.50	57.096	57.250	57,250.00	155+LT	2,600.00	4.5
	1000	HOUSEHOLD INTL INC DEPOSITARY SHS EACH REPRESENTING 1/4 SH OF 9.50% CUM PFD STK SERIES 89 A	11-01-89	25.000.00	25.000	26.013	26,013.00	1013+LT	2,375.00	8.9
	2000	* JWP INC. (DEL)	10-03-91	37,314.50	18.657	3.875	7,750.00	29565-LT		
	1000	JAMES RIVER CORP VA PFD SER K CONV EXCH	12-20-90	40,292.00	40.292	42.250	42,250.00	1958+LT	3,375.00	8.0
	2000	K MART CORPORATION DEP. SHARE EACH REP 1/4 SH SER A CV PFD PFD EQUITY REDEMPTION CUM STK	08-16-91	88,002.50	44.001		99,250.00	11248+LT	6,820.00	
	500	K MART CORPORATION DEP. SHARE EACH REP 1/4 SH SER A CV PFD PFD EQUITY REDEMPTION CUM STK	05-19-92	23,456.00	46.912		24,812.50	1357+ST	1,705.00	
	800	K MART CORPORATION DEP. SHARE EACH REP 1/4 SH SER A CV PFD PFD EQUITY REDEMPTION CUM STK	08-18-92	39,783.50	49.729		39,700.00	84-ST	2,728.00	

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PORTFOLIO POSITIONS AS OF 12-31-92

TYPE	QUANTITY	SECURITY DESCRIPTION	DATE ACQUIRED	COST	UNIT COST	CURRENT PRICE	CURRENT VALUE	UNREALIZED GAIN/LOSS	CURR EST $INCOME	ANNUAL %YIELD
TO	3500	E MANY CORPORATION DEP. SHARE EACH REP 1/4 SH SER A CV PFD PFD EQUITY REDEMPTION CUM STK		151,242.00	45.831	49.625	163,762.50	12521+	11,253.00	6.9
N	300	LILLY ELI & CO	10-17-90	22,881.50	76.272		18,225.00	4657-LT	726.00	
N	700	LILLY ELI & CO	05-19-92	44,764.00	64.806		42,525.00	4239-ST	1,694.00	
TO	1000	* LILLY ELI & CO		69,645.50	69.646	68.750	68,750.00	8896-	2,420.00	4.0
N	500	* MCI COMMUNICATIONS	10-17-90	16,082.00	32.084	39.625	19,812.50	3811+LT	50.00	.3
N	1000	* MCDONALDS CORP.	10-05-92	43,550.50	43.559	48.750	48,750.00	5192+ST	400.00	.8
N	2000	MCDONALDS CORP 7.72X DEP SHS REPSTG 1/2000 SH PFD SER E	11-25-92	50,004.00	25.002	25.500	51,000.00	996+ST		
N	2	NUVEEN SELECT QUAL MUN FD INC MUN AUCTION RATE PFD SER M $0,000 PER SH BOOK ENTRY 3.9000X 01/05/93	09-14-92	100,000.00	50000.000	50000.000	100,000.00			
N	1000	* PANHANDLE EASTN CORP	01-04-90	29,522.00	29.522	16.750	16,750.00	12772-LT	800.00	4.8
N	1000	* PEPSICO INC	10-05-92	38,542.10	38.542	41.500	41,500.00	2958+ST	520.00	1.3
N	3000	* PITTSTON CO DEL	09-23-91	51,011.00	17.004	14.875	44,625.00	6386-LT	900.00	2.0
N	2000	PRESTON CORP	10-08-91	17,476.50	8.738	3.625	7,250.00	10227-LT		
N	1000	* RALSTON PURINA CO	04-23-92	48,694.00	48.694	47.625	47,625.00	1069-ST	1,200.00	2.5
N	1000	ROCHESTER TELEPHONE	07-03-89	36,431.25	36.431	35.625	35,625.00	806-LT	1,580.00	4.4
N	2000	SEARS ROEBUCK & CO DEP SHS REP 1/4 SERIES P CV PFD	09-30-92	93,995.00	46.998	47.500	95,000.00	1005+ST	7,500.00	7.9

PORTFOLIO POSITIONS AS OF 12-31-92

TYPE	QUANTITY	SECURITY DESCRIPTION	DATE ACQUIRED	COST	UNIT COST	CURRENT PRICE	CURRENT VALUE	UNREALIZED GAIN/LOSS	CURR EST $INCOME	ANNUAL %YIELD
N	2000	STONE CONTAINER CORP PFD $1.75 SERIES E CUM CONV	07-06-92	47,597.50	23.799	18.000	36,000.00	11598-ST	3,500.00	9.7
N	1000	SYNTEX CORPORATION	11-18-91	41,295.50	41.296		23,000.00	18296-LT	1,040.00	
N	500	SYNTEX CORPORATION	07-15-92	17,170.50	34.341		11,500.00	5671-ST	520.00	
N	1500	* SYNTEX CORPORATION		58,466.00	38.977	23.000	34,500.00	23967-	1,560.00	4.5
TO	700	TANDY CORPORATION DEPOSITARY SHS REP 1/100TH SH OF SER C CONVERSION PFD STK PFD EQUITY REDEMPTN CUM STOCK PERCS	09-22-92	20,413.00	29.161	29.375	20,562.50	150+ST	1,498.00	7.3
N	1000	* TIFFANY & CO	07-10-91	49,321.00	49.321	34.625	34,625.00	14696-LT	280.00	.8
N	1000	USF&G CORP PFD CONV EXCH SER A	10-05-92	46,317.60	46.318	45.875	45,875.00	443-ST	4,100.00	8.9
N	500	VENTURE STORES INC. PFD	05-07-92	26,093.50	52.187	47.375	23,687.50	2406-ST	1,625.00	6.9
N	1000	* WESTINGHOUSE ELEC	04-03-91	30,134.50	30.135	13.375	13,375.00	16760-LT	720.00	5.4
		SUBTOTAL.....		1,662,734.07	.....	.....	1,580,763.00	84723-LT 2752+ST	65,966.00	4.2

* LISTED OPTIONS AVAILABLE

CORPORATE BONDS

200000	AMR CORP CONV 0.000X MAR 15 2006	03-13-91	82,002.50	41.001	44.375	88,750.00	6748+LT	

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TYPE	QUANTITY	SECURITY DESCRIPTION	DATE ACQUIRED	COST	UNIT COST	CURRENT PRICE	CURRENT VALUE	UNREALIZED GAIN/LOSS	CURR EST INCOME	ANNUAL YIELD
MUNICIPAL BONDS										
	25000	GLOUCESTER CNTY N J IMPT AUTH GTD SOLID WASTE REV LANDFILL PROJ SER 91 6.000% 10/15/1997 DD 03/01/91	03-26-91	25,002.50	100.010	106.853	26,708.25	1706+LT	1,500.00	5.6
	25000	GLOUCESTER CNTY N J IMPT AUTH GTD SOLID WASTE REV LANDFILL PROJ SER 91 6.150% 10/15/1998 DD 03/01/91	03-26-91	25,002.50	100.010	107.370	26,842.50	1840+LT	1,537.50	5.7
	100000	MERCER CNTY N J IMPT AUTH CUST RCPTS RICHARD J HUGHES JUSTICE COMPLEX 6.050% 01/01/2010 DD 07/01/91	10-08-91	94,977.50	94.978	98.125	98,125.00	3148+LT	6,050.00	6.2
	50000	NEW JERSEY ST HSG & MTG FIN AGY REV HOME MTG SER A 6.400% 04/01/1996 DD 05/01/86	12-03-90	50,890.50	101.781	104.430	52,215.00	1325+LT	3,300.00	6.3
	70000	NEW JERSEY ST TPK AUTH TPK RV RFDG SER-A 5.300% 01/01/1995 DD 08/01/91	12-02-91	70,591.20	100.845	102.494	71,745.80	1155+LT	3,710.00	5.2
	75000	PUERTO RICO COMWLTH 5.750% 07/01/2009 DD 08/01/92	09-03-92	75,377.50	100.503	98.427	73,820.25	1557-ST	4,312.50	5.8

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PORTFOLIO POSITIONS AS OF 12-31-92

TYPE	QUANTITY	SECURITY DESCRIPTION	DATE ACQUIRED	COST	UNIT COST	CURRENT PRICE	CURRENT VALUE	UNREALIZED GAIN/LOSS	CURR EST INCOME	ANNUAL YIELD
	35000	TEXAS HOUSING DVLPMT AGENCY HOME PROGRAM TAXABLE BDS-ISSUE R 9.00% DUE 07/01/1996 DD 06/01/90	05-24-90	35,087.50	100.250	102.750	35,962.50	875+LT	3,170.00	8.8
		SUBTOTAL.....		374,929.20	.....		385,419.30	10449+LT 1557-ST	23,500.00	6.1
OTHER SECURITIES										
	10000	BLACKROCK 2001 TERM TRUST INC	08-24-92	100,002.50	10.000	9.888	98,880.00	10003-ST	7,250.00	8.1
	5000	HYPERION 1999 TERM TRUST INC.	06-18-92	50,002.50	10.001	9.875	49,375.00	628-ST	4,000.00	8.1
	4600	NUVEEN NEW JERSEY INVESTMENT QUALITY MUNICIPAL FUND INC	02-21-91	69,002.50	15.001	15.875	73,025.00	4023+LT	4,278.00	5.9
	3000	SWISS HELVETIA FUND INC FORMLY HELVETIA FUND INC	11-04-91	38,973.50	12.991		41,625.00	2652+LT	75.00	
	300	SWISS HELVETIA FUND INC FORMLY HELVETIA FUND INC	05-28-92	3,900.00	13.000		4,162.50	263+ST	7.50	
	3300	SWISS HELVETIA FUND INC FORMLY HELVETIA FUND INC		42,873.50	12.992	13.875	45,787.50	2915+	82.50	.2
		SUBTOTAL.....		[illegible]	.....		258,187.50	6475+LT 10360-ST	15,610.50	6.0

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PORTFOLIO POSITIONS AS OF 12-31-92

TYPE	QUANTITY	SECURITY DESCRIPTION	DATE ACQUIRED	COST	UNIT COST	CURRENT PRICE	CURRENT VALUE	UNREALIZED GAIN/LOSS	CURR EST $INCOME	ANNUAL YIELD
1	100000	AMERICAN TEL & TELEG CO DEBENTURE 5.50% JAN 01 1997	07-21-92	98,932.50	98.933	98.462	98,462.00	471-ST	5,500.00	5.6
1	50000	BROWNING FERRIS INDS SUB DEBENTURE CONV 6.250% AUG 15 2012	04-16-92	44,002.50	88.005	96.875	48,437.50	4435+ST	3,125.00	6.5
1	20000	CHRYSLER CORP NOTES 9.600% JUL 15 1994	07-28-92	20,902.50	104.513		20,650.00	253-ST	1,920.00	
1	30000	CHRYSLER CORP NOTES 9.600% JUL 15 1994	07-28-92	31,352.50	104.508		30,975.00	378-ST	2,880.00	
1	50000	CHRYSLER CORP NOTES 9.600% JUL 15 1994		52,255.00	104.510	103.250	51,625.00	631-	4,800.00	9.3
1	100000	EASTMAN KODAK CO NOTES 9.20% JAN 15 1995	09-06-90	100,609.00	100.609	106.949	106,949.00	6260+LT	9,200.00	8.6
1	34000	FEDERATED DEPARTMENT STORES INC NEW NOTE SERIES B 10.000% FEB 15 2000 DD 02/03/92 INT JD15	02-12-92	33,151.70	97.505	101.000	34,340.00	1188+ST	3,400.00	9.9
1	100000	FORD MOTOR CREDIT CO NOTE BOOK ENTRY ONLY 8.750% JAN 15 1995	06-14-90	99,804.00	99.804	105.761	105,761.00	5957+LT	8,750.00	8.3
1	100000	JERSEY CENTRAL PWR & LT CO 1ST MTG 8.625% OCT 01 2003	12-17-91	102,392.50	102.393	103.595	103,595.00	1203+LT	8,625.00	8.3
1	50000	MARRIOTT CORPORATION SENIOR NOTE SERIES D 8.875% MAY 01 1997	04-08-92	51,065.00	102.130	92.726	46,363.00	4702-ST	4,437.50	9.6

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TYPE	QUANTITY	SECURITY DESCRIPTION	DATE ACQUIRED	COST	UNIT COST	CURRENT PRICE	CURRENT VALUE	UNREALIZED GAIN/LOSS	CURR EST $INCOME	ANNUAL YIELD
1	50000	MARRIOTT CORPORATION SENIOR NOTE SERIES F 9.125% JAN 15 1995	03-28-91	47,731.00	95.462		49,178.50	1448+LT	4,562 50	
1	73000	MARRIOTT CORPORATION SENIOR NOTE SERIES F 9.125% JAN 15 1995	05-28-92	74,360.30	101.863		71,800.61	2560-ST	6,661 25	
TOT	123000	MARRIOTT CORPORATION SENIOR NOTE SERIES F 9.125% JAN 15 1995		122,091.30	99.261	98.357	120,979.11	1112-	11,223.75	9.3
1	50000	PROCTER & GAMBLE CO NOTES BOOK ENTRY 5.200% NOV 01 1995	11-11-92	50,060.50	100.137	99.317	49,658.50	410-ST	2,600.00	5.2
1	100000	TEXACO CAPITAL INC 9.000% DEC 15 1999	07-31-90	101,000.00	101.000	110.293	110,293.00	9293+LT	9,000.00	8.2
1	100000	TIME WARNER INC SUB CONV DEB 8.000% DEC 17 2012	12-16-92	30,250.00	30.250	29.375	29,375.00	875-ST		
1	50000	XEROX CORP NOTES 8.750% NOV 01 1995	12-04-89	50,500.00	101.000	107.693	53,846.50	3347+LT	4,375.00	8.1
		SUBTOTAL.....		1,010,204.50	.....		1,048,434.61	34254+LT 4026-ST	75,036.25	7.2

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PORTFOLIO POSITIONS AS OF 12-31-92

TYPE	QUANTITY	SECURITY DESCRIPTION	DATE ACQUIRED	COST	UNIT COST	CURRENT PRICE	CURRENT VALUE	UNREALIZED GAIN/LOSS	CURR EST ANNUAL $INCOME	ANNUAL YIELD
		* CLOSING VALUE OF SECURITIES *		3,617,598.77	.....		3,570,654.41	33743-LT 13199-ST	186,753.45	5.2
		CLOSING CASH BALANCE			.....		416.14			
		CLOSING PORTFOLIO VALUE			.....		3,571,070.55			

THE PRICES SHOWN ON THIS STATEMENT ARE OBTAINED FROM SOURCES CONSIDERED TO BE RELIABLE. THEY REPRESENT APPROXIMATE VALUATIONS AS OF THE STATEMENT DATE. HOWEVER, THEY MAY NOT REFLECT THE ACTUAL MARKET VALUES.

SUMMARY OF YOUR INVESTMENT INCOME

TYPE	TERMS	DATE PAID	DESCRIPTION	AMOUNT
			DIVIDENDS ON MONEY MARKET FUNDS	
M	TFM	12-31	TAX FREE MONEY FUND	534.00
			DIVIDENDS ON STOCKS & OPTIONS	
D	DIV	12-01	DIV. ON 1000SHRS PITTSTON CO DEL	225.00
D	DIV	12-01	DIV. ON 1000SHRS WESTINGHOUSE ELEC	100.00
D	DIV	12-04	DIV. ON 1000SHRS BOEING CO	250.00
D	DIV	12-04	DIV. ON 1000SHRS RALSTON PURINA CO	300.00
D	DIV	12-07	DIV. ON 500SHRS MCI COMMUNICATIONS	25.00
D	DIV	12-07	DIV. ON 1500SHRS SYNTEX CORPORATION	390.00
D	DIV	12-09	DIV. ON 1000SHRS ANHEUSER BUSCH COS	320.00
D	DIV	12-10	DIV. ON 1000SHRS LILLY ELI & CO	550.00
D	DIV	12-15	DIV. ON 1000SHRS ARELA INC	70.00
D	DIV	12-15	DIV. ON 2000SHRS CONSOLIDATED EDISON NY	950.00
D	DIV	12-15	DIV. ON 3300SHRS KMART CRP DEPOSITORY SHR EA RPTG 1/4 SH SER A CONV PFD STK	2,813.25
			PFD EQUITY REDEMPTION CUM STK	
D	DIV	12-15	DIV. ON 1000SHRS PANHANDLE EASTN CORP	200.00

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SUMMARY OF YOUR INVESTMENT INCOME

TYPE	TERMS	DATE PAID	DESCRIPTION	AMOUNT	
D	DIV	12-15	DIV. ON 500SHRS VENTURE STORES INC. PFD	484.25	
D	DIV	12-18	DIV. ON 1000SHRS MCDONALDS CORP.	100.00	
			TOTAL DIVIDENDS		6,779.50
			CORPORATE BONDS INTEREST		
D	CPN	12-01	CMO MORTGAGE INVESTORS TRUST 2 CLASS B 9.10% 06/01/2010 GNMA COLLATERALIZED 12/01 INTEREST	22.75	
D	CPN	12-15	INT. ON 34000 FEDERATED DEPT STORES INC NEW NT SER B SINKING FUND 10.000% FEB 15 2000 DD 02/03/92 INT JD15	1,700.00	
D	CPN	12-15	INT. ON 100000 TEXACO CAPITAL INC 9.000% DEC 15 1999	4,500.00	
			TOTAL CORPORATE BOND INTEREST		6,222.75
			MUNICIPAL BONDS INTEREST		
D	CPN	12-15	INT. ON 100000 HUDSON CNTY N J INPT AUTH GTD SOLID WASTE PROJ NOTES 6.250% 12/15/1992 DD 12/27/90	3,125.00	
			GOVERNMENT SECURITIES INTEREST NONE		
			OTHER INCOME		
D	DIV	11-30	DIV. ON 10000SHRS BLACKROCK 2001 TERM TRUST INC	604.00	
D	DIV	12-01	TAX EXEMPT DIV ON 4400 SHRS OF NUVEEN NEW JERSEY INVESTMENT QUALITY MUNICIPAL FUND INC	391.00	
D	DIV	12-01	TAX EXEMPT DIV ON 2 SHRS OF NUVEEN SELECT QUAL MUN FD INC MUN AUCTION RATE PFD SER M 50,000 PER SH BOOK ENTRY 2.3700% 12/08/92	53.70	
D	DIV	12-08	TAX EXEMPT DIV ON 2 SHRS OF NUVEEN SELECT QUAL MUN FD INC MUN AUCTION RATE PFD SER M 50,000 PER SH BOOK ENTRY 2.5000% 12/15/92	45.46	
D	DIV	12-15	TAX EXEMPT DIV ON 2 SHRS OF NUVEEN SELECT QUAL MUN FD INC MUN AUCTION RATE PFD SER M 50,000 PER SH BOOK ENTRY 2.7490% 12/22/92	47.94	
D	DIV	12-21	DIV. ON 10000SHRS BLACKROCK 2001 TERM TRUST INC	604.00	
D	DIV	12-22	TAX EXEMPT DIV ON 2 SHRS OF NUVEEN SELECT QUAL MUN FD INC MUN AUCTION RATE PFD SER M 50,000 PER SH BOOK ENTRY 3.1900% 12/29/92	52.72	
D	DIV	12-23	DIV. ON 5000SHRS HYPERION 1999 TERM TRUST INC.	333.50	
D	DIV	12-29	TAX EXEMPT DIV ON 2 SHRS OF NUVEEN SELECT QUAL MUN FD INC MUN AUCTION RATE PFD SER M 50,000 PER SH BOOK ENTRY 3.9800% 01/05/93	61.10	
D	DIV	12-30	TAX EXEMPT DIV ON 4400 SHRS OF NUVEEN NEW JERSEY INVESTMENT QUALITY MUNICIPAL FUND INC	47.30	
D	DIV	12-31	CAP GAINS DIST ON NUVEEN NEW JERSEY INVESTMENT QUALITY MUNICIPAL FUND INC	59.34	

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SUMMARY OF YOUR INVESTMENT INCOME

TYPE	TRNS TYP	DATE PAID	DESCRIPTION	AMOUNT	
9		12-31	TAX EXEMPT DIV ON 4600 SHRS OF NUVEEN NEW JERSEY INVESTMENT QUALITY MUNICIPAL FUND INC	356.50	
			TOTAL OTHER.....		2,656.72
			TOTAL INCOME.....	19,317.97	
			INTEREST CALCULATED ON O.I.D. INSTRUMENTS - MEMO ONLY		
9	OIM	12-29	OID ACCRUAL OF 0000001.39-ACCUM ON ITT FINANCIAL CORP SR DEB ZERO CPN MAY 15 1992 CORRECTED OIM	1.39-	
9	OIM	12-29	OID ACCRUAL OF 0000000.28-ACCUM ON US STRIPPABLE TREAS NOTES CPN PAYMENT DUE 05/15/00 DUE 05/15/00 CORRECTED OIM	.28-	
9	OIM	12-30	OID ACCRUAL OF 101.69-ACCUM ON US STRIPPABLE TREAS NOTES CPN PAYMENT DUE 05/15/00 DUE 05/15/00 REVERSAL OF POSTED	101.69-	
9	OIM	12-30	OID ACCRUAL OF 113.43 ACCUM ON US STRIPPABLE TREAS NOTES CPN PAYMENT DUE 05/15/00 DUE 05/15/00 CORRECTED OIM	113.43	
9	OIM	12-31	OID ACCRUAL OF 526.55 ACCUM ON AMR CORP CONV 0.000% MAR 15 2006	526.55	
			TOTAL INTEREST CALCULATED ON ORIGINAL ISSUE DISCOUNT INSTRUMENTS.....		536.62

PURCHASES AND SALES

DATE	TYPE	TRANS	QUANTITY	SECURITY DESCRIPTION		PRICE	DEBIT	CREDIT
12-03	1	BOT	2000	REYNOLDS CORP 1/2000 SH PFD SER E	7.72% DEP SHS REPSTG	25.00	50004.00	
12-23	1	SLD	-1000	AETNA LIFE & CASUALTY CO		47.00		46682.43
12-23	1	SLD	-500	CIGNA CORP.		57 3/4		28639.53
12-23	1	BOT	100000	TIME WARNER INC 0.000% DEC 17 2012	SUB CONV DEB	30.25	30250.00	
					TOTAL PURCHASES.....		80254.00	
					TOTAL SALES.....			75321.96

SMITH BARNEY

CLIENT STATEMENT

ACCOUNT NO.	TAXPAYER	STATEMENT PERIOD	PAGE
878-333115	226-41-9099	11-28-92 TO 12-31-92	14 OF 25

BENEDICT KRIEGER FAMILY TRUST
JACQUELINE K KLEIN TTEE
DTD 1-22-86

Charter ACCOUNT

CAPITAL GAINS OR LOSSES REALIZED DURING 1992

QUANTITY	SECURITY DESCRIPTION	DATE SOLD	SALES PROCEEDS	DATE ACQUIRED	COST	GAIN/LOSS LONG TERM	GAIN/LOSS SHORT TERM
5000	CMO MORTGAGE INVESTORS TRUST 1 CLASS A 8.50% DUE 03/01/2010	01-02-92	5000.00	03-13-91	5031.37		31.37-
7000	CMO MORTGAGE INVESTORS TRUST 3 SER 1 CL 1-A 9.25% DUE 01/01/2007	01-02-92	7000.00	05-31-90	7000.00	0.00	
50000	MIDDLESEX CNTY N J SEW AUTH 5.250% 01/01/1992 DD 10/01/77	01-02-92	50000.00	02-28-91	50411.00		411 00-
15000	TENNESSE HSG DEV AGY HOMEOWNERSHIP PRM SERIES B TAXABLE 9.000% 07/01/1996 DD 06/01/90	01-02-92	15000.00	05-24-90	15037.50	37.50-	
130000	US STRIPPABLE TREAS NOTES CPN PAYMENT DUE 05/15/00 DUE 05/15/00	01-08-92	35722.70	05-16-91	31989.10		3733.60
1000	LONG ISLAND LIGHTING	01-28-92	22772.73	07-24-91	22850.00		77.27-
2000	SOUTHERN NEW ENGLAND TELECOMMUNICATIONS CORP	01-28-92	61354.44	08-29-89	82410.00	21055.56-	
250	BRISTOL MYERS SQUIBB CO	01-21-92	20290.31	01-28-92	21295.25		1004 94-
6000	CMO MORTGAGE INVESTORS TRUST 1 CLASS A 8.50% DUE 03/01/2010	02-03-92	6000.00	03-13-91	6037.65		37 65-

CLIENT STATEMENT

ACCOUNT NO.	TAXPAYER	STATEMENT PERIOD	PAGE
078-333115	226-41-9099	11-28-92 TO 12-31-92	15 OF 29

BENEDICT KRIEGER FAMILY TRUST
JACQUELINE K KLEIN TTEE
DTD 1-22-86

Charter ACCOUNT

CAPITAL GAINS OR LOSSES REALIZED DURING 1992

QUANTITY	SECURITY DESCRIPTION	DATE SOLD	SALES PROCEEDS	DATE ACQUIRED	COST	GAIN/LOSS LONG TERM	GAIN/LOSS SHORT TERM
5000	CMO MORTGAGE INVESTORS TRUST 3 SER 1 CL 1-A 9.25% DUE 01/01/2007	02-03-92	5000.00	05-31-90	5000.00	0.00	
2000	CMO MORTGAGE INVESTORS TRUST 3 SER 1 CL 1-A 9.25% DUE 01/01/2007	02-03-92	2000.00	12-10-90	2024.41	24.41-	
100000	CAROLINA FREIGHT CORP SUB DEB CONV 6.25% APR 15 2011	02-24-92	74497.50	02-12-91	68002.50	6495.00	
7000	CMO MORTGAGE INVESTORS TRUST 1 CLASS A 8.50% DUE 03/01/2010	03-04-92	7000.00	03-13-91	7043.92		43.92-
6000	CMO MORTGAGE INVESTORS TRUST 2 SER 1 CL 1-B 9.10% DUE 06/01/2010	03-04-92	6000.00	02-20-91	6142.00	142.00-	
12000	CMO MORTGAGE INVESTORS TRUST 3 SER 1 CL 1-A 9.25% DUE 01/01/2007	03-04-92	12000.00	12-10-90	12146.52	146.52-	
120000	DISNEY WALT CO EURO BD CONV 0.000% JUN 27 2005	03-10-92	65997.50	06-21-90	50852.00	15145.50	
9000	CMO MORTGAGE INVESTORS TRUST 1 CLASS A 8.50% 03/01/2010 GNMA COLLATERALIZED	04-01-92	9000.00	03-13-91	9056.47	56.47-	

SMITH BARNEY

CLIENT STATEMENT

ACCOUNT NO.	TAXPAYER	STATEMENT PERIOD	PAGE
078-333115	226-41-9099	11-28-92 TO 12-31-92	16 OF 29

BENEDICT KRIEGER FAMILY TRUST
JACQUELINE K KLEIN TTEE
DTD 1-22-86

Charter ACCOUNT

CAPITAL GAINS OR LOSSES REALIZED DURING 1992

QUANTITY	SECURITY DESCRIPTION	DATE SOLD	SALES PROCEEDS	DATE ACQUIRED	COST	GAIN/LOSS LONG TERM	GAIN/LOSS SHORT TERM
6000	CMO MORTGAGE INVESTORS TRUST 2 CLASS B 9.10% 06/01/2010 GNMA COLLATERALIZED	04-01-92	6000.00	02-20-91	6142.00	142.00-	
12000	CMO MORTGAGE INVESTORS TRUST 3 CLASS A 9.25% 01/01/2007 GNMA COLLATERALIZED	04-01-92	12000.00	12-10-90	12146.52	146.52-	
100000	CBS INC CNV SUB DEB US1 U.S. DOLLAR 5.00% APR 7 2002	04-16-92	102497.50	02-14-91	94002.50	8495.00	
100000	MCDONNELL DOUGLAS CORP NOTES 8.250% MAR 19 1993	04-27-92	99747.50	10-10-91	99016.50		731.00
13000	CMO MORTGAGE INVESTORS TRUST 1 CLASS A 8.50% 03/01/2010 GNMA COLLATERALIZED	05-01-92	13000.00	03-13-91	13081.50	81.50-	
6000	CMO MORTGAGE INVESTORS TRUST 2 CLASS B 9.10% 06/01/2010 GNMA COLLATERALIZED	05-01-92	6000.00	02-20-91	6142.00	142.00-	
13000	CMO MORTGAGE INVESTORS TRUST 3 CLASS A 9.25% 01/01/2007 GNMA COLLATERALIZED	05-01-92	13000.00	12-10-90	13150.73	150.73-	

CLIENT STATEMENT

ACCOUNT NO.	TAXPAYER	STATEMENT PERIOD	PAGE
070-333115	224-41-9099	11-28-92 TO 12-31-92	17 OF 25

BENEDICT KRIEGER FAMILY TRUST
JACQUELINE K KLEIN TTEE
DTD 1-22-86

Charter ACCOUNT

CAPITAL GAINS OR LOSSES REALIZED DURING 1992

QUANTITY	SECURITY DESCRIPTION	DATE SOLD	SALES PROCEEDS	DATE ACQUIRED	COST	GAIN/LOSS LONG TERM	GAIN/LOSS SHORT TERM
500	ITT FINANCIAL CORP SR DEB ZERO CPN MAY 15 1992	05-15-92	50000.00	04-18-90	41720.00	8280.00	
10	DISNEY WALT CO DEL	05-19-92	40454.14	01-18-90	28587.75	11866.39	
1000	CMO MORTGAGE INVESTORS TRUST 1 CLASS A 8.50% 03/01/2010 GNMA COLLATERALIZED	06-01-92	10000.00	03-13-91	10062.75	62.75-	
5000	CMO MORTGAGE INVESTORS TRUST 2 CLASS B 9.10% 06/01/2010 GNMA COLLATERALIZED	06-01-92	5000.00	02-20-91	5119.00	119.00-	
15000	TENN HOUSING DVLPMT AGENCY HOME PROGRAM TAXABLE BDS-ISSUE R 9.00% DUE 07/01/1996 DD 06/01/90	06-12-92	15000.00	05-24-90	15037.50	37.50-	
100	UTILICORP UTD INC	06-16-92	23270.21	11-09-90	18877.50	4392.71	
100000	SCOTT PAPER CO NOTES 10.500% JUN 15 1995	06-29-92	100000.00	03-22-91	103632.50	3632.50-	
7000	CMO MORTGAGE INVESTORS TRUST 1 CLASS A 8.50% 03/01/2010 GNMA COLLATERALIZED	07-01-92	7000.00	03-13-91	7043.93	43.93-	
4000	CMO MORTGAGE INVESTORS TRUST 2 CLASS B 9.10% 06/01/2010 GNMA COLLATERALIZED	07-01-92	4000.00	02-20-91	4095.20	95.20-	

SMITH BARNEY

CLIENT STATEMENT

ACCOUNT NO.	TAXPAYER	STATEMENT PERIOD	PAGE
070-333115	224-41-9099	11-28-92 TO 12-31-92	18 OF 25

BENEDICT KRIEGER FAMILY TRUST
JACQUELINE K KLEIN TTEE
DTD 1-22-86

Charter ACCOUNT

CAPITAL GAINS OR LOSSES REALIZED DURING 1992

QUANTITY	SECURITY DESCRIPTION	DATE SOLD	SALES PROCEEDS	DATE ACQUIRED	COST	GAIN/LOSS LONG TERM	GAIN/LOSS SHORT TERM
10000	TENN HOUSING DVLPMT AGENCY HOME PROGRAM TAXABLE BDS-ISSUE R 9.00% DUE 07/01/1996 DD 06/01/90	07-01-92	10000.00	05-24-90	10025.00	25.00-	
5	USFAG CORP SER C CUM CV PFD	07-06-92	33622.07	01-20-92	24398.00		9224.07
500	MCDONNELL DOUGLAS CORP NOTES 7.875% JAN 15 1997	07-07-92	40872.50	04-08-92	40877.50		5.00-
150	FEDERATED DEPT STORES INC NEW HT SER B SINKING FUND 10.000% FEB 15 2000 DD 02/03/92 INT JA15	07-16-92	16000.00	02-12-92	15600.80		399.20
7000	CMO MORTGAGE INVESTORS TRUST 1 CLASS A 8.50% 03/01/2010 GNMA COLLATERALIZED	08-03-92	7000.00	03-13-91	7043.93	43.93-	
4000	CMO MORTGAGE INVESTORS TRUST 2 CLASS B 9.10% 06/01/2010 GNMA COLLATERALIZED	08-03-92	4000.00	02-20-91	4095.20	95.20-	
100	PINELANDS INC.	08-26-92	1811.04	01-22-91	1750.00	61.04	
30000	ANHEUSER BUSCH COS INC 8.875% SEP 01 1994	09-01-92	30000.00	03-02-90	29901.77	98.23	

SMITH BARNEY
CLIENT STATEMENT

ACCOUNT NO.	TAXPAYER	STATEMENT PERIOD	PAGE
07D-333115	226-41-9099	11-28-92 TO 12-31-92	19 OF 25

BENEDICT KRIEGER FAMILY TRUST
JACQUELINE K KLEIN TTEE
DTD 1-22-86

Charter ACCOUNT

CAPITAL GAINS OR LOSSES REALIZED DURING 1992

QUANTITY	SECURITY DESCRIPTION	DATE SOLD	SALES PROCEEDS	DATE ACQUIRED	COST	GAIN/LOSS LONG TERM	GAIN/LOSS SHORT TERM
7000	CMO MORTGAGE INVESTORS TRUST 1 CLASS A 8.50% 03/01/2018 GNMA COLLATERALIZED	09-01-92	7000.00	03-13-91	7043.93	43.93-	
4000	CMO MORTGAGE INVESTORS TRUST 2 CLASS B 9.10% 06/01/2018 GNMA COLLATERALIZED	09-01-92	4000.00	02-20-91	4095.20	95.20-	
100000	HOUSEHOLD FIN CORP NOTES 7.125% SEP 01 1992	09-01-92	100000.00	04-03-92	100567.50		567.50-
2	NUVEEN INVT QUALITY MUN FD INC MUN AUCTION RATE PFD STOCK SER W 4.3000% 09/26/95 50,000 PER SHARE	09-14-92	100000.00	10-04-90	100000.00	0.00	
10000	TENN HOUSING DVLPMT AGENCY HOME PROGRAM TAXABLE BDS-ISSUE R 9.00% DUE 07/01/1996 DD 06/01/90	09-16-92	10000.00	05-24-90	10025.00	25.00-	
7000	CMO MORTGAGE INVESTORS TRUST 1 CLASS A 8.50% 03/01/2018 GNMA COLLATERALIZED	10-01-92	7000.00	03-13-91	7043.94	43.94-	
5000	CMO MORTGAGE INVESTORS TRUST 2 CLASS B 9.10% 06/01/2018 GNMA COLLATERALIZED	10-01-92	5000.00	02-20-91	5119.00	119.00-	

SMITH BARNEY
CLIENT STATEMENT

ACCOUNT NO.	TAXPAYER	STATEMENT PERIOD	PAGE
07D-333115	226-41-9099	11-28-92 TO 12-31-92	20 OF 25

BENEDICT KRIEGER FAMILY TRUST
JACQUELINE K KLEIN TTEE
DTD 1-22-86

Charter ACCOUNT

CAPITAL GAINS OR LOSSES REALIZED DURING 1992

QUANTITY	SECURITY DESCRIPTION	DATE SOLD	SALES PROCEEDS	DATE ACQUIRED	COST	GAIN/LOSS LONG TERM	GAIN/LOSS SHORT TERM
[illegible]000	NEWARK N J GEN IMPT UT 7.30% 10/01/1992 DD 10/01/89	10-01-92	300000.00	10-04-88	308061.00	8061.00-	
[illegible]000	TIME WARNER INC PFD SER C CONV EXCHANGEABLE 8.75% LIQ 950	10-05-92	49884.66	11-07-90	34822.00	15062.66	
[illegible]000	TIME WARNER INC PFD SER C CONV EXCHANGEABLE 8.75% LIQ 950	10-05-92	49884.66	12-19-91	45308.00		4576.66
[illegible]000	TIME WARNER INC PFD SER C CONV EXCHANGEABLE 8.75% LIQ 950	10-05-92	49884.67	05-07-92	49697.00		187.67
[illegible]000	CMO MORTGAGE INVESTORS TRUST 2 CLASS B 9.10% 06/01/2018 GNMA COLLATERALIZED	11-02-92	7000.00	02-20-91	7166.60	166.60-	
[illegible]000	GENERAL ELEC CR CORP NOTES 8 750% NOV 15 1992	11-16-92	50000.00	12-04-89	50750.00	750.00-	
[illegible]000	PEPSICO INC 8.100% NOV 15 1992	11-16-92	[illegible]	11-19-90	49964.00	36.00	
[illegible]000	TENN HOUSING DVLPMT AGENCY HOME PROGRAM TAXABLE BDS-ISSUE R 9 00% DUE 07/01/1996 DD 06/01/90	11-23-92	10000.00	05-24-90	10025.00	25.00-	

70-598 1768

Smith Barney is a member of the Securities Investor Protection Corporation (SIPC). This statement that accounts are held by us on your behalf are protected up to $500,000 per customer, including up to a maximum of $100,000 for cash, subject to certain limitations. Supplemental Securities Investor Protection coverage may be obtained for account holders. SIPC ...

SMITH BARNEY

CLIENT STATEMENT

ACCOUNT NO.	TAXPAYER	STATEMENT PERIOD	PAGE
07D-333115	226-41-9099	11-28-92 TO 12-31-92	21 OF 25

BENEDICT KRIEGER FAMILY TRUST
JACQUELINE K KLEIN TTEE
DTD 1-22-86

Charter ACCOUNT

CAPITAL GAINS OR LOSSES REALIZED DURING 1992

QUANTITY	SECURITY DESCRIPTION	DATE SOLD	SALES PROCEEDS	DATE ACQUIRED	COST	GAIN/LOSS LONG TERM	GAIN/LOSS SHORT TERM
3000	CMO MORTGAGE INVESTORS TRUST 2 CLASS B 9.18% 06/01/2018 GNMA COLLATERALIZED	12-01-92	3000.00	02-20-91	3071.40	71.40-	
100000	HUDSON CNTY N J IMPT AUTH GTD SOLID WASTE PROJ NOTES 6.250% 12/15/1992 DD 12/27/90	12-15-92	100000.00	12-21-90	100648.50	648.50-	
500	AETNA LIFE & CASUALTY CO	12-16-92	23341.21	01-20-92	22513.50		827.71
500	AETNA LIFE & CASUALTY CO	12-16-92	23341.22	05-07-92	21069.50		2271.72
500	CIGNA CORP.	12-16-92	28639.53	01-20-92	29547.50		907.97-
	NET REALIZED GAIN/LOSS YEAR-TO-DATE					32401.06	10865.01

D

our Protection Corporation (SIPC). The limits that securities held by us on your account are protected up to $500,000 per customer (including up to a [illegible] and Securities Securities securities are not be covered by SIPC. As a free service to our customers, we have obtained coverage in addition the SIPC [illegible] securities held by us for you customer on a "Portfolio Account" or Charter Account" are protected up to a total of $10 million per [illegible]

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

HIGHVIELD MANAGEMENT
SECURITIES, INC.
4 BRIGHTON ROAD
CLIFTON, NEW JERSEY 07012

Schedule B

CONTACT YOUR ACCOUNT REP:
JEFFREY GOLDSTERN

For Questions Call
LOCAL 201-773-5648
NATIONWIDE 800-223-0504

JACQUELINE K KLEIN TTEE
BENEDICT KRIEGER FAMILY TRUST
C/O JACQUELINE KLEIN
PO BOX 1758
CLIFTON NJ 07015

Account Number 0PD-019046 SS/ID 22-6419099 Page 1
RR Number 0000000141 000058380

STATEMENT PERIOD
NOV 28, 1992 THRU DEC 31, 1992

FINANCIAL SUMMARY

Opening Net Money Balance	0.00
Closing Net Money Balance	17,207.74DR
Total Market Value - Dec 31	686,631.65
Equity - Dec 31	669,423.91
Equity - Nov 28	661,127.67

	THIS PERIOD	YEAR TO DATE
Div Taxable	15.64	187.19
Corp Interest	5,913.54	93,603.73
US Govt Interest	0.00	3,065.20
Non-Taxable Dist	0.00	42,098.02
Sales Proceeds	141,000.00	1,522,050.86

DESCRIPTION OF ACCOUNT

ACCOUNT TYPE	QUANTITY	SECURITY DESCRIPTION	SYMBOL	MARKET VALUE ON DEC 31 PER SHARE	TOTAL
CASH	70,000	MONY FUNDING INC EURO @82048 8.125% 04/07/1997		98	68,600.00
CASH	75,000	CHEMICAL BANK N Y NV EURO @8289 ZERO CPN 02/16/2003			NOT AVAILABLE
ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES CORPORATION					
CASH	42,000	FEDL HC LLN MTG CRP SER 147 CL 147-K Z 9.00% 04/15/2021 MULTICLASS MTG PARTN CTFS GTD CUR FACE 53344.67		101 3/4	54,278.20
CASH	145,000	FEDL HOME LN MTG CRP 1441 SA RESET FORM 12.45% 12/15/1997 22.20-(3X1 MO LIBOR) FIRST RESET DATE 1/15/93 CUR FACE 145000.00		102	147,900.00
CASH	25,000	FEDL NATL MTG ASSN TR 1992-0 68 CL-E ZERO CPN 12/25/2022 GTD REMIC PASS THRU TAC P/O EFFECTIVE BAND 300-600 PSA CUR FACE 25000.00		76	19,000.00
CASH	160,000	INFINITY BROADCASTG CORP SR SUB NT 10.375% 03/15/2002		106	160,000.00
CASH	15,000	MARRIOT CORP SR NT SER I 9.00% 05/24/1995		97.828	14,674.20
CASH	25,000	PRESIDENTIAL LIFE CORP NT 11.125% 05/15/1994		101	25,250.00
CASH	50,000	TRANSCO ENERGY CO DEB DTD 06/15/1990 9.625% 06/15/2000		98.046	49,023.00
CASH	25,000	TRANSCO ENERGY CO NT DTD 5/1/91 9.125% 05/01/1998 BOOK ENTRY		97 5/8	24,406.25
CASH	100,000	UNISYS CORP NT 8.875% 07/15/1997		100	100,000.00
CASH	25,000	WESTERN FINL SVGS BK ORNGE CA SUB CAP DEB 11.00% 05/01/1989		94	23,500.00

Schedule C.

Merrill Lynch

CMA® Cash Management Account® Monthly Statement

Summary Page			December 1992
Account No. 827-32Y93	Taxpayer No. 226-41-9099	Page 1 OF 6	Statement Period 11/28/92 TO 12/31/92
Your Financial Consultant ALICE B MOSS FC#5237 (201) 621-3300	Office Serving Your Account 3 GATEWAY CENTER NEWARK NJ 07102		Questions? Call Your Financial Consultant OR 1-800-CMA-TRST

BENEDICT KREIGER FAMILY TRUST
JACQUELINE KLEIN TTEE
P.O. BOX 1758
CLIFTON NJ 07015

Account Status

	As of 11/28/92	As of 12/31/92
CMA MONEY ACCOUNTS	$314.00	$1,380.00
CASH	$0.37	$1,055.50
SUBTOTAL	$314.37	$2,435.50
PRICED INVESTMENTS	$328,168.00	$336,631.00
Priced Portfolio	**$328,482.37**	**$339,066.50**
BORROWING POWER	$0.00	$0.00
PURCHASING POWER	$314.00	$2,435.00

Dividend and Interest Income

	This Statement	Year to Date
DIVIDENDS (REPORTABLE)	$2,121.13	$10,984.96
Total Dividend and Interest Income	**$2,121.13**	**$10,984.96**

EFFECTIVE YIELD FOR THE PERIOD 11/26/92 TO 12/31/92
CMA MONEY FUND: 2.95%

Account Activity

Credits	This Statement	Year to Date
INVESTMENTS SOLD	$0.00	$56,681.34
DIVIDEND/INTEREST INCOME	$2,121.13	$10,984.96
FUNDS RECEIVED	$0.00	$0.00
OTHER CREDITS	$0.00	$1.88
TOTAL CREDITS	$2,121.13	$67,668.18
Debits		
INVESTMENTS BOUGHT	$0.00	$68,869.97
CMA CHECKS	$0.00	$0.00
VISA CARD TRANSACTIONS	$0.00	$0.00
INTEREST CHARGED	$0.00	$0.00
OTHER DEBITS	$0.00	$125.00
TOTAL DEBITS	$0.00	$68,994.97
Net Activity	**+$2,121.13**	**-$1,326.79**

CMA NEWS

FOR A COPY OF OUR 1993 GLOBAL INVESTMENT OUTLOOK REPORT, CALL 1-800-637-7455, EXT. 4554, OR ASK YOUR FINANCIAL CONSULTANT.

DO NOT USE THIS STATEMENT FOR TAX PURPOSES. A TAX REPORTING STATEMENT WILL BE SENT IN JANUARY TO REPORTABLE ACCOUNTS.

556322 TRUST MERRILL LYNCH December 1992

Please advise your Financial Consultant immediately of any discrepancies in securities transactions or investment activity on your statement of account or if you contemplate changing your address. Send all correspondence relating to these matters to the office serving your account. Final offer questions about your statement directing queries by telephone to 1-800-CMA-INFO (1-800-262-4636) or in writing to Merrill Lynch CMA Operations, New Brunswick, NJ 08989-0566. When making inquiries, please give your account number, taxpayer identification number, and the date of your statement.

Code 7097 (R4/9)

Merrill Lynch, Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

We urge you to keep this statement with your investment records

1771

Merrill Lynch

CMA Cash Management Account® Monthly Statement

Account No	Taxpayer No.	Page	Statement Period
827-32Y93	226-41-9099	2 OF 6	11/28/92 TO 12/31/92

BENEDICT KREIGER FAMILY TRUST
JACQUELINE KLEIN TTEE

Investments

Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Current Market Value	Estimated Current Yield %	Estimated Annualized Income	Estimated Accrued Interest
EQUITIES							
**AMERADA HESS CORP	AHC	500	46.000	$23,000	1.30	$299	
**AMER CYANAMID CO	ACY	1000	57.625	$57,625	2.86	$1,648	
**BAXTER INTERNTL INC	BAX	1000	32.375	$32,375	2.65	$858	
**BORDEN INC COM	BN	2000	28.625	$57,250	4.19	$2,399	
CAREMARK INTL INC	CK	250	14.875	$3,718			
**COCA COLA COM	KO	160	41.875	$6,700	1.33	$89	
FORD MOTOR COMPANY SER B 8.25% CUM PFD SERIES B DEPOSITORY SHARES	FPRB	100	25.250	$2,525			
**FLUOR CORP	FLR	200	41.875	$8,375	1.14	$95	
**HOME DEPOT INC	HD	100	67.500	$6,750	.17	$11	
**MICROSOFT CORP COM	MSFT	100	85.375	$8,537			
**NY ST E & GS COMPANY	NGE	160	32.500	$5,200	6.64	$345	
**NORTHEAST UTILITIES	NU	1000	26.500	$26,500	6.64	$1,760	
PRIME HOSPITALITY CORP	PDQ	4	2.250	$9			
**PUB SVC ENTERPRISE GRP	PEG	1000	30.875	$30,875	6.99	$2,158	
**SYNTEX CORP	SYN	100	23.000	$2,300	4.52	$104	
TRIMAS CORP	TMS	20	29.000	$580	.34	$2	
**UJB FINL CORP COM	UJB	1075	24.250	$26,068	2.47	$644	
**WAL MART STORES INC	WMT	160	64.000	$10,240	.32	$33	
**WASTE MANAGMNT INC	WMX	700	40.000	$28,000	1.30	$364	
WT00 98PRIME HOSPITY CRP USD	PDQHW	15	.310	$4			
SUBTOTAL				$336,631		$10,809	
TOTALS FOR PRICED INVESTMENTS				$336,631.00		$10,809	
CASH				$1,055.50			
MONEY ACCOUNTS: CMA MONEY FUND				$1,380.00			

CONTINUED ON NEXT PAGE

Please advise your Financial Consultant immediately of any discrepancies in securities transactions or investment activity on your statement of account or if you contemplate changing your address, financial objectives, or relating in these matters to the office serving your account. For all other questions about your statement, direct inquiries by level, from [illegible] Merrill Lynch CMA Operations, New Brunswick, N.J. 08989-0566. When making inquiries please give your [illegible]

Code 7097 (R4/9

Merrill Lynch, Pierce, Fenner & Smith Inc
Member, Securities Investor Protection Corporation (SIPC)

We urge you to keep this statement with your investment records

1772

Reporting Individual's Name
HERBERT C. KLEIN

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Valley National Bancorp Com (Div reinvestment)	X				X						
	United Water Resources Com (Div reinvestment)	X				X						
S	High Yield Management Account (See exhibit attached)	X	X									
	Bank of Baltimore CD		X						X			
	Crestar Bank CD		X						X			
	Cytrix Stock		X					X				
	Carear Com Stock		X			X						

Schedule IV

1773

NATIONAL FINANCIAL
Services Corporation

1992
Tax Reporting Statement

BROKERAGE NAME AND ADDRESS:
HIGH YIELD MANAGEMENT
SECURITIES, INC.
4 BRIGHTON ROAD
CLIFTON, NEW JERSEY 07012

(201)773-5648

PAYER'S NAME AND ADDRESS:
NATIONAL FINANCIAL SERVICES CORP
200 LIBERTY STREET 5TH FLR
NEW YORK, NY 10281

FEDERAL IDENTIFICATION NUMBER
04-2785576

PR0000342

HERBERT KLEIN
34 LENOX AVE
CLIFTON NJ 07012

ACCOUNT NO
OPD-007668

TAXPAYER ID OR SSN
143-22-6837

0001709

1099-B (OMB NO.1545-0715) PROCEEDS FROM BROKER TRANSACTIONS (LESS COMMISSIONS)

DATE OF SALE	CUSIP NUMBER	QUANTITY	DESCRIPTION	STOCK AND BOND PROCEEDS	FEDERAL INCOME TAX WITHHELD
01/14/92	585906109	1,500	ORGANOGENESIS INC NFSC IS	36,153.42	0.00
02/26/92	902760107	400	UJB FINL CORP	7,129.75	0.00
02/26/92	902760107	800	UJB FINL CORP	10,845.28	0.00
03/27/92	090918103	1,500	BIOTECHNOLOGY DEV CORP	6,350.40	0.00
05/12/92	59780E101	2,000	MIDLANTIC CORP	19,762.80	0.00
06/02/92	553107103	2,000	MNC FINL INC	21,035.89	0.00
06/09/92	221993BC1	95,000	COMERICA BK DETROIT CPN 9.20%	103,810.41	0.00
06/24/92	903290104	1,500	USF&G CORP EX-DIV DATE 07/06/9	20,541.20	0.00
06/30/92	59780E101	1,500	MIDLANTIC CORP	19,799.85	0.00
07/07/92	553107103	3,000	MNC FINL INC	35,297.10	0.00
07/30/92	294432505	2,000	EQUIMARK CORP COM NEW	12,856.17	0.00
08/03/92	173034CJ6	95,000	CITICORP SUB NT JD15 10.50%	95,000.00	0.00
08/04/92	U31991AB5	20,000	FIRST FED MICHIGAN EURO #11702	6,950.00	0.00
08/11/92	129583100	3,000	CALFED INC	9,084.14	0.00
08/12/92	470736109	1,500	JAMESWAY CORPORATION	5,342.09	0.00
08/12/92	470736109	2,000	JAMESWAY CORPORATION CORR PX	7,299.75	0.00
10/06/92	024611105	1,500	AMERICAN BIOGENETICS SCIENCES	7,819.11	0.00
10/06/92	364908103	2,000	GAMING DEVICES FDG INC	2,540.16	0.00
10/06/92	766570105	2,000	RIGGS NATL CORP WASH D C	14,645.55	0.00
10/06/92	88162F105	3,500	TETRA TECHNOLOGIES INC DEL	23,953.28	0.00
10/06/92	893532AD3	10,000	TRANSCO ENERGY CO NT DTD 5/1/9	10,000.00	0.00
10/08/92	59780EAC5	100,000	MIDLANTIC CORP NT 9.25%	95,000.00	0.00
10/13/92	740884AB7	30,000	PRESIDENTIAL LIFE CORP NT	29,593.80	0.00
10/20/92	59780EAB7	100,000	MIDLANTIC CORP SUB CAP NT 9.20	91,500.00	0.00
10/20/92	909214AS7	100,000	UNISYS CORP NT DTD 6/20/1988	93,000.00	0.00
			TOTAL:	785,310.15	0.00

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

NATIONAL FINANCIAL
Services Corporation

1992
Tax Reporting Statement

BROKERAGE NAME AND ADDRESS:
HIGH YIELD MANAGEMENT
SECURITIES, INC.
4 BRIGHTON ROAD
CLIFTON, NEW JERSEY 07012

(201)773-5648

PAYER'S NAME AND ADDRESS:
NATIONAL FINANCIAL SERVICES CORP
200 LIBERTY STREET 5TH FLR
NEW YORK, NY 10281

FEDERAL IDENTIFICATION NUMBER
04-2785576

PR0000042

HERBERT KLEIN
34 LENOX AVE
CLIFTON NJ 07012

ACCOUNT NO
OPD-007668

TAXPAYER ID OR SSN
143-22-6937

PAGE
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0001706

1992 BROKERAGE TRANSACTIONS REPORT
(COST OF BROKERAGE TRANSACTIONS INCLUDING COMMISSIONS)
THE FOLLOWING INFORMATION IS NOT REPORTED
TO THE I.R.S. BUT IS BEING PROVIDED FOR
YOUR ASSISTANCE IN TAX PREPARATION

DATE OF PURCHASE	CUSIP NUMBER	QUANTITY	DESCRIPTION	COST LESS ACCRUED INTEREST	ACCRUED INTEREST PAID
01/14/92	024611105	1,500	AMERICAN BIOGENETICS SCIENCES	21,458.10	0.00
01/14/92	090018K03	1,500	BIOTECHNOLOGY DEV CORP	6,256.95	0.00
02/07/92	319867E101	1,000	FIRST CONSTITUTION FINANCIAL	1,097.50	0.00
02/27/92	59780E101	2,000	MIDLANTIC CORP	18,204.20	0.00
04/16/92	351741103	3,000	FRAMINGHAM SVGS BK MASS SHORT	7,509.30	0.00
05/15/92	553107103	2,000	MNC FINL INC	20,231.13	0.00
05/29/92	766570105	2,000	RIGGS NATL CORP WASH D C	17,444.00	0.00
06/03/92	294432505	2,000	EQUIMARK CORP COM NEW	11,363.00	0.00
06/03/92	903290104	1,500	USF&G CORP	19,560.69	0.00
06/08/92	59780EAC5	100,000	MIDLANTIC CORP NT 9.25%	93,000.00	2,697.92
06/24/92	59780E101	1,500	MIDLANTIC CORP	19,180.65	0.00
06/30/92	553107103	3,000	MNC FINL INC	32,928.45	0.00
06/30/92	896740107	2,000	TRIPLE THREAT ENTERP INC	2,615.80	0.00
07/07/92	U31991AB5	20,000	FIRST FED MICHIGAN EURO #8774	6,829.80	0.00
07/09/92	129583100	3,000	CALFED INC	13,590.69	0.00
07/27/92	908214AS7	100,000	UNISYS CORP NT DTD 6/20/1988	101,110.00	475.00
07/31/92	470736109	3,500	JAMESWAY CORPORATION	14,957.91	0.00
08/04/92	893532A03	10,000	TRANSCO ENERGY CO NT DTD 5/1/9	10,000.00	253.47
08/13/92	88162F105	3,500	TETRA TECHNOLOGIES INC DEL	26,469.61	0.00
08/25/92	740884AB7	30,000	PRESIDENTIAL LIFE CORP NT	29,593.80	982.71
09/17/92	59780EAB7	100,000	MIDLANTIC CORP SUB CAP NT 9.20	97,620.00	1,201.11
			TOTAL :	$571,021.58	$5,610.21

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IONAL FINANCIAL
:es Corporation

1992
Tax Reporting Statem

BROKERAGE NAME AND ADDRESS:
HIGH YIELD MANAGEMENT
SECURITIES, INC.
4 BRIGHTON ROAD
CLIFTON, NEW JERSEY 07012

(201)773-5648

PAYER'S NAME AND ADDRESS:
NATIONAL FINANCIAL SERVICE
200 LIBERTY STREET 5TH FL
NEW YORK, NY 10281

FEDERAL IDENTIFICATION NU
04-2785576

PR0000174

JACQUELINE KLEIN
34 LENOX AVENUE
CLIFTON NJ 07012

ACCOUNT NO
OPD-003549

TAXPAYER ID OR SSN
135-24-5384

1099-B (OMB NO.1545-0715) PROCEEDS FROM BROKER TRANSACTIONS (LESS COMMISSIONS)

DATE OF SALE	CUSIP NUMBER	QUANTITY	DESCRIPTION	STOCK AND BOND PROCEEDS	FEDERAL INCOME TAX WITHHELD
01/13/92	416655AC2	10,000	HARTFORD NATL CRP NT 8.25%	9,500.00	0.00
01/16/92	163722AE1	40,000	CHEMICAL BKG CORP SUB NT 10.37	43,200.00	0.00
01/28/92	173034FH7	60,000	CITICORP NT 8.75% 11/01/1996	60,000.00	0.00
01/28/92	564809AB7	14,000	MANUFACTURER HANOVER CORP DEB	13,160.00	0.00
02/06/92	161610AW0	75,000	CHASE MANHATTAN CORP SUB NT	77,585.25	0.00
02/10/92	060716AL1	100,000	BANK OF BOSTON CORP SUB NT	97,250.00	0.00
02/26/92	820480AB7	65,000	SHAWMUT CORP NT 8.875%	62,887.50	0.00
03/24/92	173034DD8	50,000	CITICORP SUB NT 8.25% 8/15/199	49,680.00	0.00
04/08/92	580169AJ9	50,000	MCDONNELL DOUGLAS CP NT 9.00%	50,412.50	0.00
04/09/92	580169AJ9	50,000	MCDONNELL DOUGLAS CP NT 9.00%	50,412.50	0.00
04/22/92	17121AFF7	80,000	CHRYSLER FINL CORP MEDIUM TERM	80,000.00	0.00
04/29/92	553107AD5	100,000	M N C FINL INC NT 9.375%	99,160.00	0.00
05/20/92	173034DD8	15,000	CITICORP SUB NT 8.25% 8/15/199	15,000.00	0.00
06/02/92	17121AJE6	65,000	CHRYSLER FINL CORP MED TERM SR	66,300.00	0.00
07/08/92	16371A9A4	100,000	CHEMICAL BK N Y ZERO CPN	46,100.00	0.00
07/29/92	171205CK1	50,000	CHRYSLER FINL CORP REMKTD RESE	52,175.00	0.00
08/03/92	173034CJ6	72,000	CITICORP SUB NT JD15 10.50%	72,000.00	0.00
08/04/92	U31991AB5	140,000	FIRST FED MICHIGAN EURO #11702	48,650.00	0.00
08/12/92	156883LA6	20,000	CERTIFICATES ACCRUAL SER G	10,900.00	0.00
08/12/92	171205CK1	15,000	CHRYSLER FINL CORP REMKTD RESE	15,652.50	0.00
09/23/92	553107AA1	110,000	MNC FINL INC SUB CAP NT 9.375%	110,000.00	0.00
09/23/92	826681GG5	4,000	SIGNET BANK VA CPN 8.90%	4,165.53	0.00
09/29/92	893532AD3	85,000	TRANSCO ENERGY CO NT DTD 5/1/9	85,850.00	0.00
10/08/92	766570AC9	10,000	RIGGS NATL CORP WASH D.C.SUB D	9,625.00	0.00
11/24/92	171196AW8	90,000	CHRYSLER CORP NT DTD 08/01/87	91,800.00	0.00
11/24/92	59780EAC5	100,000	MIDLANTIC CORP NT 9.25%	94,000.00	0.00
			TOTAL:	1,415,465.78	0.00

NATIONAL FINANCIAL
Services Corporation

1992
Tax Reporting Statement

BROKERAGE NAME AND ADDRESS:
HIGH YIELD MANAGEMENT
SECURITIES, INC.
4 BRIGHTON ROAD
CLIFTON, NEW JERSEY 07012

(201)773-5648

PAYER'S NAME AND ADDRESS:
NATIONAL FINANCIAL SERVICES CORP
200 LIBERTY STREET 5TH FLR
NEW YORK, NY 10281

FEDERAL IDENTIFICATION NUMBER
04-2785576

PR0000174

ACCOUNT NO
OPD-003549

JACQUELINE KLEIN
34 LENOX AVENUE
CLIFTON NJ 07012

PAGE
8

TAXPAYER ID OR SSN
135-24-5384

000183

1992 BROKERAGE TRANSACTIONS REPORT
(COST OF BROKERAGE TRANSACTIONS INCLUDING COMMISSIONS)
THE FOLLOWING INFORMATION IS NOT REPORTED
TO THE I.R.S. BUT IS BEING PROVIDED FOR
YOUR ASSISTANCE IN TAX PREPARATION

DATE OF PURCHASE	CUSIP NUMBER	QUANTITY	DESCRIPTION	COST LESS ACCRUED INTEREST	ACCRUED INTEREST PAID
01/13/92	820480AB7	20,000	SHAWMUT CORP NT 8.875%	18,914.00	542.36
01/16/92	820480AB7	45,000	SHAWMUT CORP NT 8.875%	42,924.15	1,253.59
01/28/92	173034CJ6	72,000	CITICORP SUB NT JD15 10.50%	74,534.40	1,029.00
02/06/92	17121AFF7	80,000	CHRYSLER FINL CORP MEDIUM TERM	80,000.00	3,738.00
02/10/92	553107AD5	100,000	M N C FINL INC NT 9.375%	99,160.00	442.71
02/26/92	17121AJE6	65,000	CHRYSLER FINL CORP MED TERM SR	66,345.50	346.49
03/13/92	156883LA6	20,000	CERTIFICATES ACCRUAL SER G	10,218.00	0.00
03/24/92	1637989J2	100,000	CHEMICAL N Y NV EURO #03932 ZE	45,008.00	0.00
04/08/92	909214AR9	50,000	UNISYS CORP NT 8.875% 07/15/19	49,217.00	1,121.70
04/09/92	909214AR9	50,000	UNISYS CORP NT 8.875% 07/15/19	49,217.00	1,121.70
04/22/92	171196AN8	90,000	CHRYSLER CORP NT DTD 08/01/87	91,800.00	2,288.00
04/29/92	553107AA1	110,000	MNC FINL INC SUB CAP NT 9.375%	108,350.00	143.23
05/20/92	766570AC9	10,000	RIGGS NATL CORP WASH D.C.SUB D	9,520.00	436.93
06/02/92	171205CK1	65,000	CHRYSLER FINL CORP REMKTD NESE	67,827.50	448.07
07/07/92	U31991AB5	15,000	FIRST FED MICHIGAN EURO #8774	5,122.35	0.00
07/08/92	U31991AB5	125,000	FIRST FED MICHIGAN EURO #8774	42,592.50	0.00
07/27/92	740884AB7	75,000	PRESIDENTIAL LIFE CORP NT	72,787.50	1,807.81
07/29/92	740884AB7	50,000	PRESIDENTIAL LIFE CORP NT	48,675.00	1,236.11
08/04/92	893532AD3	45,000	TRANSCO ENERGY CO NT DTD 5/1/9	45,000.00	1,140.62
08/12/92	893532AD3	40,000	TRANSCO ENERGY CO NT DTD 5/1/9	40,200.00	1,095.00
09/23/92	59760EAB7	125,000	MIDLANTIC CORP SUB CAP NT 9.20	121,875.00	1,884.72
09/29/92	893532AA9	85,000	TRANSCO ENERGY CO DEB DTD	87,881.50	2,522.55
10/08/92	456626AC4	10,000	INFINITY BROADCASTG CORP SR SU	10,100.00	89.34
11/24/92	312913TT3	195,000	FEDL HOME LN MTG CRP 1441 SA	200,362.50	1,011.56
			TOTAL :	$1,487,631.90	$23,699.49

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

Reporting Individual's Name: HERBERT C. KLEIN

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Valley National Bank						X		
	Citicorp-Mortgage/Verona Condo				X				

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Reporting Individual's Name
HERBERT C. KLEIN

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
None							

This page may be copied if more space is required.

Page 1 of 1

Schedule VII

Reporting Individual's Name

HERBERT C. KLEIN

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Former Director	Garden State PAC
General Partner	Belgrove Arms
General Partner	Alina Associates
General Partner	Willet Associates
Partner	CFC Associates
Trustee	Jewish Federation/Clifton-Passaic

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	Klein Chapman *	Liquidation & sale of interest
	* I do not believe this constitutes a reportable arangement. Nevertheless, I am disclosing the existence of the liquidation and sale	

GPO 1992 59-838A (m)

Reporting Individual's Name
HERBERT C. KLEIN

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Partner	Rockford Arms
Trustee	Beth Israel Hospital
Trustee	Rutgers University
Trustee	First Real Estate Investment Trust of New Jersey (President prior to 1/1/93)
Partner	Boulevard Associates
Partner	Clifton - Passaic Management Co

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1992 59-838A (m)

Reporting Individual's Name

HERBERT C. KLEIN

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

Positions	Name of Organization
General partner	Indy Associates
Partner	Forest Hills Associates
Trustee	Endowment Foundation-Jewish Federation
General Partner	Skyline Associates
Director	Kay Holding Co
Partner	Prospect East

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1992 59-835A (m)

Reporting Individual's Name
HERBERT C. KLEIN

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Trustee	Daughters of Miriam Center
Director/Asst Sec	Security Indemnity Insurance (Resigned)
Partner	Klein Chapman (Prior to 1/1/93)

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1992 50-535A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 AM 11: 16
CLERK
U.S. HOUSE OF REPRESENTATIVES

MC (6)

(Full Name)	RONALD KLINK
(Mailing Address)	226 CONNER DRIVE
(Daytime Telephone)	(202) 225-2565
	JEANNETTE, PA 15644
Filer Status	[X] Member of the U.S. House of Representatives — State: PA District: 4th CD; [X] Officer or Employee — Employing Office: U.S. HOUSE OF REPRESENTATIVES
Report Type	[X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date:

HAND DELIVERED
(Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**		X
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**		X
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**		X
Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Ron Klink	MAY 13, 1993

Reporting Individual's Name
RONALD KLINK

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	GROUP W TV., INC.	SALARY	$19,229.
	DENNIS M. CASEY CO.	SALARY	$40,000.
	LINDA KLINK, BEAUTY SHOP	SPOUSE SELF EMPLOYED	N/A

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name

RONALD KLINK

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
JT	PLEASANT VALLEY PROFESSIONAL CENTER							X						X						X										
DC	PIONEER II				X								X									X								
JT	U. S. BANCORP., INC.						X									X						X				X				X
JT	EAST OHIO STREET PROPERTIES				X														PARTNERSHIP INCOME				X							
JT	HALLWOOD REALTY PARTNERS, L.P.		X																PARTNERSHIP INCOME		X									
S	CANADA LIFE ASSURANCE CO. IRA				X								X		X	X				N/A - IRA										

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: RONALD KLINK

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) – None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) – DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) – None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
S	PIONEER III IRA			X								X		X	X						N/A	-	IRA						
JT	PITTSBURGH NATIONAL BANK			X										X						X									
JT	THE AMERICAN FUNDS GROUP, IRA			X								X		X	X						N/A	-	IRA						
S	RESOURCES TRUST IRA		X									X		X	X						N/A	-	IRA						
JT	PAINE WEBBER MUTAL FUNDS IRA			X								X		X	X						N/A	-	IRA						
S	PAINE WEBBER MUTAL FUNDS IRA			X								X		X	X						N/A	-	IRA						
JT	WESTINGHOUSE COMMON STOCK				X														X										X
JT	DAGWOODS INC.				X							X							X										

Reporting Individual's Name

RONALD KLINK

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
JT	WESTINGHOUSE COMMON STOCK	X			VARIABLE	X						
JT	U.S. BANCORP., INC STOCK			X	3-23-92		X					

Schedule IV

Reporting Individual's Name
RONALD KLINK

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	BARRIER ISLAND STATION, INC.	MORTGAGE ON PROFESSIONAL CENTER PLEASANT VALLEY RENTAL		X					
JT	MELLON BANK	CREDIT LINE		X					

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 13 PM 3:34

Scott Klug
(Full Name)

737 Seneca Place
Madison, Wisconsin 53711
(Mailing Address)

Daytime Telephone (202) 225-2906

(9)

HAND DELIVERED
MC

(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State WI District 2	[ ] Officer or Employee	Employing Office.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL [signature]

DATE (Month, Day, Year) 05-11-93

1790

Reporting Individual's Name

Scott Klug

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	none		

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
Scott Klug

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
XYZ Magazine	Article	Aug. 13, 1992	$500
First Realty, Madison, WI	Speech	12/9/91 Speech 1/14/92 Payment	$200
Credit Union Executives Society, Madison, WI	Speech	Apr.12, 1992	$1,500
Regardie's Magazine, Washington, D.C.	Article	May 1, 1992	$2,000
Nelson Industries, Stoughton, WI	Speech	1/5/91 Speech 6/16/92 Payment	$600
Firemen's Fund Insurance, Washington, D.C.	Speech	June 9, 1992	$500
Health and Life Organization, Washington, D.C.	Speech	June 18, 1992	$500
Amusement and Music Operators Assoc., Chicago, IL	Charity Pinball Tournament	June 9, 1992	$150

This page may be copied if more space is required.

Reporting Individual's Name
Scott Klug

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		None	A Less than $1,001	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
JT	Cuna Mutual				X									X							X								
	Kemper IRA (Scott)				X									X							X								
S	Kemper IRA (Tess)					X								X									X						
JT	McCormick Co. - Stock			X								X									X								
DC	Phillips Petroleum Co. - Stock/Collin			X								X									X								
DC	Pacific Telesis - Stock/Collin			X								X									X								

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Scott Klug

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																			BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
DC	Union Electric - Stock/Keefe			X								X									X									
DC	Kemper - Tax free bonds - Keefe			X										X							X									
DC	Southwest Bell - Stock/Brett				X							X										X								
JT	Mesa Limited Partnership		X											X					X											
	Federal Employees Retirement Account			X								X		X							X									

Schedule III – Continuation

Reporting Individual's Name: Scott Klug

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	none											

Page 6 of 9

Schedule IV

Reporting Individual's Name
Scott Klug

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	none								

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
none		

Use additional sheets if more space is required.

Reporting Individual's Name
Scott Klug

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	American Medical Association	Jan. 30 - Feb. 2	Wash., D.C.-Palm Beach-Wash., D.C.	Y	Y	Son (Keefe)	N
	Credit Union Executive Society	Apr. 10-14	Madison-Orlando-Madison	Y	Y	Spouse	3 Days
	Americans to Limit Cong. Terms	Jan. 27-28	Madison-Atlanta-Wash., D.C.	Y	Y	None	N

This page may be copied if more space is required.

Reporting Individual's Name
Scott Klug

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
none	

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement
	none	

GPO: 1986 [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

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HAND DELIVERED
MC
(Office Use Only)

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JOSEPH K. KNOLLENBERG
(Full Name)

3576 DARCY
(Mailing Address)

(202)225-5802
Daytime Telephone:

BLOOMFIELD HILLS, MI 48301

Filer Status	[X] Member of the U.S. House of Representatives	State: MICHIGAN District: 11TH	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.) The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL Joseph K. Knollenberg

DATE (Month, Day, Year) 5-11-93

Reporting Individual's Name
JOSEPH K. KNOLLENBERG

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	ALLSTATE INSURANCE CO., NORTHBROOK, IL	SALARY	126,282
	SANDIE KNOLLENBERG, BLOOMFIELD HILLS, MI	SELF EMPLOYED INCOME AEROBICS INSTRUCTOR	NA
	JOSEPH K. KNOLLENBERG, BLOOMFIELD HILLS, MI	SELF EMPLOYED INCOME INDEP INSURANCE SALES	(13,121)

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

1800

Reporting Individual's Name

JOSEPH K. KNOLLENBERG

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
			PARTICLE MEASURING SYSTEMS, INC. 1855 S. 57TH COURT, BOULDER, CO 80301					X					X							X										
			ALLIANCE WORLD INCOME TRUST, INC. SECAUCUS, NJ			X							X									X								
			WASHINGTON MUTUAL INV. FUND BREA, CA			X							X									X								
S			FIRST FEDERAL OF MICHIGAN DETROIT, MI			X									X						X									
S			MICHIGAN NATIONAL BANK FARMINGTON HILLS, MI			X									X							X								
JT			NBD BANK, N.A. DETROIT, MI				X								X								X							

For additional assets and unearned income, use next page

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JOSEPH K. KNOLLENBERG

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	TR ASSOC. OF PINE BLUFF (LTD) EAST LANSING, MI				X													PARTNERSHIP	X										
	FARM-THRU HELEN K. KNOLLENBERG TR. HATTON, IL			X														FARM		X									

Reporting Individual's Name
JOSEPH K. KNOLLENBERG

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
NA		

Use additional sheets if more space is required.

Reporting Individual's Name
JOSEPH K. KNOLLENBERG

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
EMPLOYEE	ALLSTATE INSURANCE CO., TROY, MI
VICE CHAIRMAN	TROY CHAMBER OF COMMERCE, TROY, MI

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1-02-93	JOSEPH K. KNOLLENBERG AND ALLSTATE INSURANCE CO.	AGREEMENT COVERING UNPAID LEAVE OF ABSENCE FROM EMPLOYMENT DURING PERIOD OF GOVERNMENT SERVICE
		AND CONTINUED PARTICIPATION IN MEDICAL, DENTAL, VISION AND LIFE INSURANCE BENEFIT PROGRAMS, AS
		APPROVED BY THE COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT BY A LETTER DATED 1/02/93.

GPO: 1988 80-955A (pa)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

1805

JOSEPH K. KNOLLENBERG
(Full Name)

3576 DARCY
(Mailing Address)

(202)225-5802
Daytime Telephone

BLOOMFIELD HILLS, MI 48301

Filer Status	[X] Member of the U S House of Representatives	State: MICHIGAN District: 11TH	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, § 101 et seq) The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S C app 6, § 104 and 18 U S C § 1001)

SIGNATURE OF REPORTING INDIVIDUAL Joseph K. Knollenberg

DATE (Month, Day, Year) 5-11-93

Reporting Individual's Name
JOSEPH K. KNOLLENBERG

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	ALLSTATE INSURANCE CO., NORTHBROOK, IL	SALARY	126,282
	SANDIE KNOLLENBERG, BLOOMFIELD HILLS, MI	SELF EMPLOYED INCOME AEROBICS INSTRUCTOR	NA
	JOSEPH K. KNOLLENBERG, BLOOMFIELD HILLS, MI	SELF EMPLOYED INCOME INDEP INSURANCE SALES	(13,121)

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name

JOSEPH K. KNOLLENBERG

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset: Year End Value (X)									BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X									X						
	PARTICLE MEASURING SYSTEMS, INC. 1855 S. 57TH COURT, BOULDER, CO 80301							X						X							X									
	ALLIANCE WORLD INCOME TRUST, INC. SECAUCUS, NJ					X								X									X							
	WASHINGTON MUTUAL INV. FUND BREA, CA					X								X									X							
S	FIRST FEDERAL OF MICHIGAN DETROIT, MI					X										X						X								
S	MICHIGAN NATIONAL BANK FARMINGTON HILLS, MI					X										X							X							
JT	NBD BANK, N.A. DETROIT, MI						X									X								X						

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JOSEPH K. KNOLLENBERG

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
TR ASSOC. OF PINE BLUFF (LTD) EAST LANSING, MI					X													PARTNERSHIP	X										
FARM-THRU HELEN K. KNOLLENBERG TR. MATTON, IL R.R. 9, Mattoon, IL 61938				X														FARM		X									

Reporting Individual's Name
JOSEPH K. KNOLLENBERG

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
NA		

Use additional sheets if more space is required.

Reporting Individual's Name

JOSEPH K. KNOLLENBERG

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
EMPLOYEE	ALLSTATE INSURANCE CO., TROY, MI
VICE CHAIRMAN	TROY CHAMBER OF COMMERCE, TROY, MI

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1-02-93	JOSEPH K. KNOLLENBERG AND ALLSTATE INSURANCE CO.	AGREEMENT COVERING UNPAID LEAVE OF ABSENCE FROM EMPLOYMENT DURING PERIOD OF GOVERNMENT SERVICE
		AND CONTINUED PARTICIPATION IN MEDICAL, DENTAL, VISION AND LIFE INSURANCE BENEFIT PROGRAMS, AS
		APPROVED BY THE COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT BY A LETTER DATED 1/02/93.

GPO: 1992 50-525A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 17 1:4:05

HAND DELIVERED

(9)

James Thomas Kolbe
(Full Name)

405 Cannon House Office Building
(Mailing Address)

225-2542
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: Arizona District: 5	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

mc
(Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [X] No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	**DATE (Month, Day, Year)** 5/17/93

Reporting Individual's Name

James Thomas Kolbe

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	University of Arizona	Spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name

James Thomas Kolbe

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)									BLOCK C Income: Type of Income (X)						BLOCK C Income: Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000 over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X							X
	George Wash. Credit Union Accounts				X									X									X					
	162 Main Street, Dover, Delaware					X							X									X						
	Sonoita, Arizona, ½ interest in 500 acres land						X																					
	Valley National Bank, Checking & Savings Acct.			X										X							X							
	Chase Money Market Acct.			X										X							X							
	Alliance Capital Reserves Money Mkt.				X									X								X						
	Congressional Federal Credit Union			X								X									X							
	Southmark Equity Partnership			X								X								X								

For additional assets and unearned income, use next page

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: James Thomas Kolbe

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	$201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Exeter Real Estate Investors - 1 share			X																									-
	Golder Ranch Assoc. - Limited Ptnshp			X																									
	Catalina Bonanza Ltd.-Ptnshp- ½ share		X																										
	Franklin Arizona Tax-Free Income Fund			X								X									X								
	Motorola Corp. Stock			X								X								X									
	Broken Hill Proprietary - Stock			X								X								X									
	Esterline Corp. - Stock		X									X							X										
	Wood Canyon Corp. - 5% of outstanding stock				X																								
	Munivest - Municipal Bond Fund			X										X							X								
	Insured Municipal Income Trust			X										X							X								
	Investment Co. of America - Mutual Fund				X							X										X							
	A.G. Edwards Daily Cash Accumulation Fund				X									X							X								
	Source Capital - Stock			X								X									X								
	Medtronics - Stock			X								X								X									
	Salt River Project - Series 3 Bonds			X										X						X									

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: James Thomas Kolbe

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.																												
	Maricopa County Road Bonds			x										x						x									
	Mexico Fund			x								x								x									
	Chandler Water & Sewer Revenue Bonds				x									x								x							
	Merrill Lynch Cash Mgt. Acct.			x										x						x									
	- Merrill Lynch Basic Value Fund			x								x								x									
	- Merrill Lynch Municipal Bond Fund			x										x						x									
	Merrill Lynch IRA					x																							
	Wal-Mart Stores, Inc.			x								x							x										x
	CIFRA S.A., ADR			x								x							x										x
	Home Depot, Inc.			x								x							x										x

Reporting Individual's Name

James Thomas Kolbe

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Wal-Mart Stores, Inc.	x			12/31/92	x						
	CIFRA S.A., ADR	x			12/31/92	x						
	Home Depot, Inc.	x			12/31/92	x						

Schedule IV

Reporting Individual's Name

James Thomas Kolbe

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
Diane Redhair	Two framed Redhair prints	$200.00
Arizona Bank	Kachina Doll	$200.00
Carlos Lechuga, Attorney General of Mexico	Carved & decorated "shaman" & accompanying painting	$200.00

Use additional sheets if more space is required.

Reporting Individual's Name

James Thomas Kolbe

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Societe Generale Touche Remnant (speech)	May 13-14	Airfare: Wash, D.C. - New York, NY - Wash., D.C.	Y	Y	None	N
	Arizona Town Hall (speech)	Oct. 25	Airfare: Tucson, AZ - Grand Canyon, AZ - Tucson, AZ	N	N	None	N
	US Japan Economic Agenda (exchange participant)	Nov. 11-16	Airfare: Tucson, AZ - Tokyo Japan - Tucson, AZ	Y	Y	None	N
	Generacion Empresarial Mexicana (speech)	Nov. 18-19	Airfare: Tucson, AZ - Hermosillo, Mexico - Tucson, AZ	Y	Y	None	N

This page may be copied if more space is required.

Reporting Individual's Name
James Thomas Kolbe

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Trustee	Embry-Riddle Aeronautical University
Director	Community Food Bank

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1988 [illegible]

1820

1993 MAY 14 P:1 3:26

(4)

MC

HAND DELIVERED

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

Michael Joseph Kopetski
(Full Name)

218 Cannon Office Bldg
(Mailing Address)

202-225-5711
Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Oregon District: 5	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Michael J. Kopetski

DATE (Month, Day, Year) 5.13.93

Reporting Individual's Name
Michael Joseph Kopetski

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X									X
		George Wash. Credit Union Accounts				X									X									X							
		182 Main Street, Dover, Delaware					X							X									X								
AG Edwards - Daily Cash Accumulation Fund					X								X								X										

For additional assets and unearned income, use next page

Reporting Individual's Name

Michael Joseph Kopetski

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6–13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	American Israel Public Affairs	Jan 1-12	Wash, DC - Tel Aviv - Wash DC	Y	Y	Spouse	6 days
	Natl Assn of Oncology Social Workers	May 2	Portland, OR - Detroit - DC	N	N	None	N
	Carter Presidential Center	Nov 18-19	Wash, DC - Atlanta - DC	Y	Y	None	N

This page may be copied if more space is required.

Reporting Individual's Name

Michael Joseph Kopetski

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Board of Directors	The Connection Program

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 28.

Date	Parties To	Terms of Agreement
	N/A	

GPO: 1992 [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 PM 2:27

Myron (Mike) Bradford Kreidler

1535 Longworth H.O.B., Washington, D.C. 20002 (Full Name) 202-225-8901
(Mailing Address) Daytime Telephone:

8

HAND DELIVERED
MC
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State: WA District: 9	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] NA	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ] NA	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ] NA	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS -- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION -- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Myron B. Kreidler **DATE (Month, Day, Year)** 5/13/93

1824

Reporting Individual's Name
Mike Kreidler

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Group Health Cooperative of the Puget Sound, Olympia, WA Doctor of Optometry	monthly sabbatical leave salary	$27,264.13
	U.S. Army Reserves, 6250th U.S. Army Hospital, Tacoma, WA Lieutenant Colonel	salary	$ 3,237.25
	First Community Bank, Bank Board, Lacey, WA	Director fees	$ 2,100.00
	First Community Bancorp, Corporation Board, Lacey, WA	Director fees	$ 1,300.00
	Washington State Senate, Olympia, WA	salary & expenses	$31,529.59
	North Thurston School District, Lacey, WA	spouse salary	N/A

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting individual's name: Mike Kreidler

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X							X
	George Wash. Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X							X									X						
JT	First Community Bancorp Lacey, WA (stock)						X												X									
JT	Cottesmore (nursing home) Gig Harbor, WA (stock)			X								X								X								
JT	Olympia First, Investment partnership w/commercial bldg. located on S.E. corner of State & Water St., Olympia, WA					X													X									

For additional assets and unearned income, use next page

Reporting Individual's Name

Mike Kreidler

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)										Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT Examples: S	ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
JT	Legion Group, investment partner-ship w/commercial bldg. at NW corner of Columbia St. Olympia, WA					X												partner-ship, income				X							
S	Group Health pension fund							X										N/A											
S	Washington State retirement fund				X													N/A											

For additional assets and unearned income, use next page

Schedule III

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Mike Kreidler

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
JT	K-J Properties, Olympia, WA limited partnership owning apartment buildings on College St., Lacey WA & Tangelwild Subdivision in Lacey, WA.	X													X									X					X
JT	House 127 San Mar Dr., N.E., Olympia WA 98506				X								X									X							

Reporting Individual's Name: Mike Kreidler

SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

I, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	K-J Properties		X									
JT	Tangelwilde property				1/23/92		X					
	lot 14A, Tangelwidle div. 14											
JT	K-J Properties		X		4/15/92		X					
	College Street, Lacey, Washington (apartments)											
	lost share of $ 175,000							(loss)				

Reporting Individual's Name
Mike Kreidler

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 162 Main St. Dover, Del.				X			
JT	First Community Bank Lacey, WA	line of credit		X					
JT	Key Bank, Olympia, WA	campaign loan secured by bank stock, First Community Bancorp (paid off 1/93)		X					

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
NA		

Use additional sheets if more space is required.

Reporting Individual's Name
Mike Kreidler

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
State Senator	Washington State Senate. Retired 1/4/93. no longer member

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1/1/93	Group Health Coop. of the Puget Sound Olympia, WA	2 years leave of absence from medical staff

GPO: 1988 [illegible]

COMMITTEE
ENERGY AND COMMERCE
SUBCOMMITTEES
HEALTH AND THE ENVIRONMENT
ENERGY AND POWER
COMMITTEE
VETERANS' AFFAIRS
SUBCOMMITTEES
HOSPITALS AND HEALTH
HOUSING AND MEMORIAL AFFAIRS
OVERSIGHT AND INVESTIGATION

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1993 JUN 17 PM 12:01
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Mike Kreidler
Congress of the United States
9th District, Washington

WASHINGTON OFFICE
1535 LONGWORTH BUILDING
WASHINGTON DC 20515
(202) 225-8901
DISTRICT OFFICES
1-800-765-8137
312 4TH STREET S.E.
PUYALLUP, WA 98372
(206) 840-5688
MAILING ADDRESS
POST OFFICE BOX 907
PUYALLUP, WA 98371
31919 1ST AVE. SO., SUITE 140
FEDERAL WAY, WASHINGTON 98003
(206) 946-0853

June 17, 1993

MC (1)

Donnald K. Anderson
Clerk of the House
Records and Registration
Longworth 1036

Dear Donn:

I need to make three corrections to my 1992 Financial Disclosure Statement.

The first two corrections are on page four entitled, "Schedule III, Assets and "Unearned" Income." This page has an optional column which asks the identity of the holder of the listed asset or income. It currently reads that my spouse is the owner of the Group Health pension fund and of the Washington State retirement fund. This is incorrect. I am the sole owner of these two assets.

The third correction is on page six entitled, "Schedule IV-Transactions." The second listing on this page shows that I lost my share of K-J Properties at $ 175,000. This is incorrect. No loss should be recorded in this area. Column 'C' which is marked shows the correct amount.

If there are further questions regarding these corrections, please contact Stephanie Henley, my office manager at 5-8901.

Thank you for your attention to this matter.

Sincerely,

Mike Kreidler

MIKE KREIDLER
Member of Congress

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 AM 11:57
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

5

HAND DELIVERED
MC
(Office Use Only)

JON LLEWELLYN KYL
(Full Name)

U.S. House of Representatives — 202-225-3361
(Mailing Address) — Daytime Telephone:

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives — State: AZ District: 4	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	**DATE (Month, Day, Year)** May 15, 1993

1833

Reporting Individual's Name
Jon Llewellyn Kyl

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None"

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X									X								
JT	Bank of America					X										X						X										
JT	Nation's Bank (FKA Sovran)					X										X						X										
JT	PaineWebber Equity Partners 2, Limited Partnership						X													P'ship income			X									
JT	PaineWebber Geodyne Energy Income, Limited Partnership						X													"			X									
JT	Carefree-60th Street Real Estate Limited Partnership						X														X											
JT	Pima Road-Pinnacle Peak Real Estate Limited Partnership						X														X											

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jon Llewellyn Kyl

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income										BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	Flagstaff-Kachina Real Estate Limited Partnership				X													X										
JT	Northern Village Shopping Center Real Estate Limited Partnership				X													X										
JT	Boettcher 1981-82 Natural Gas Drilling Limited Partnership			X													P'ship income		X									
JT	Energy Partners Oil & Gas Limited Partnership			X														X										
JT	Unimproved 3/4-acre Lot Greer, AZ				X						Full Cash Assessed Value $25,889							X										
JT	Jennings, Strouss & Salmon Restated Profit Sharing Plan (Keogh & IRA)						X						N/A															
JT	Silver (bag)			X								N	O	N	E													
	Jennings, Strouss & Salmon (final			X																								
	payment (see Schedule IX)																											

Reporting Individual's Name
Jon Llewellyn Kyl

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Council for National Policy	Feb. 6-7	Wash DC-Boca Raton-Wash DC	Y	Y	None	N
	The Congressional Institute, Inc.	Dec. 4-6	Wash DC - Williamsburg - Wash DC	Y	Y	Spouse	N
	Salt River Project	Dec. 10	Phoenix-Page,AZ-Phoenix	N	Y	None	N

This page may be copied if more space is required.

Reporting Individual's Name
Jon Llewellyn Kyl

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Director	Crime Victim Foundation
Board of Advisors	The Center for Security Policy

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement
12-31-86	Jennings, Strouss & Salmon	Former law partner withdrawal rights, payable over 5 years, beginning 1987
1975	Jennings, Strouss & Salmon	Participation in law firm retirement account (see Schedule III)

GPO: 1988 80-084A (pa)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 AM 10:44
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(11)

HAND DELIVERED
MC
(Office Use Only)

John J. LaFalce
(Full Name)

2310 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-3231

Filer Status: [X] Member of the U.S. House of Representatives — State: New York, District: 29 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No		Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**		X	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**		X
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	X		Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	X	
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	X		Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	X		Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**		X
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**		X	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)		X
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: John J. LaFalce

DATE (Month, Day, Year): 5/12/93

1838

Reporting Individual's Name
John J. LaFalce

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
John J. LaFalce

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
XYZ Magazine	Article	Aug. 13, 1992	$500
National Venture Capital Association	Speech/fact-finding	April 3, 1992	$2000.00
National Restaurant Association	Speech	May 16, 1992	$2000.00
National Association of Small Business Investment Companies	Speech	November 14, 1992	$2000.00
Community Bankers Association of New York State	Speech	November 19, 1992	$2000.00
National Coalition of 7-Eleven Franchisees	Speech	November 20, 1992	$2000.00
Jones, Day, Reavis, & Pogue	Speech	December 17, 1992	$2000.00

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Reporting Individual's Name: John J. LaFalce

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S — ABC Corporation Stock			X								X									X								X
Examples: George Wash. Credit Union Accounts				X									X									X						
Examples: 182 Main Street, Dover, Delaware					X							X									X							
DEAN WITTER ACCOUNT:																												
U.S. Cellular			X															X										X
Active Assets Money Trust				X							X										X							
MERRILL LYNCH ACCOUNT																												
MIT Series 73 Bond, NY				X									X								X							
NYC, NY Bonds Ser. A, 8/1/01				X									X								X							

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John J. LaFalce

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
NYC Mutual Water Fin. Auth. Rev. Bond			X															X										
NYC Prams			X															X										
NYS Urban Dev. Bonds				X														X										
NYC Princ. 0 Coupon TIGR				X														X										
Convertible Holdings Cap. Shares			X								X								X									
Argentina Fund			X								X								X									X
Latin America Equity Fund			X								X									X								X
Mark IV			X															X										X
ALZA TTS Research Partnership, Ltd.		X															P'ship income			X								
Cash Management Money Market Fund				X							X										X							
MERRILL LYNCH ACCOUNT																												-
MIT Series 73 Bond NY			X										X						X									
NYC, NY Bond Ser. A, 8/1/01			X										X						X									
MIT Series 10 NY				X									X								X							
Cash Management Money Market Fund			X								X								X									

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John J. LaFalce

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
MERRILL LYNCH ACCOUNT																											
TIGR Series 23			X															X									
Franklin NY Tax Free				X									X							X							
PRUDENTIAL BACH ACCOUNT																											
A T & T			X								X									X							
Money Market Assets				X							X											X					
DEAN WITTER ACCOUNT - SEP/IRA																											
Templeton Global Opp.			X								X			X					X	X							
Dean Witter Utlilities Fund				X							X									X							X
Liquid Assets				X							X									X							
MERRILL LYNCH ACCOUNT - IRA																											
TIGR Series 9				X														X									
CATS Series S			X															X									
USA Fund			X															X									X
Pasadena Growth Fund			X											X					X								X

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John J. LaFalce

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																	BLOCK D
		Year End Value (X)									Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Merrill Lynch Retirement Reserves			X							X									X								
	MERRILL LYNCH ACCOUNT - IRA																											
	TIGR Series 9				X													X										
	CATS Series S			X														X										
	Colonial Manor Condo, W. Seneca, NY				X							X										X						
	M & T Bank				X								X									X						
	Congressional Federal Credit Union			X									X							X								

Reporting Individual's Name
John J. LaFalce

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.		Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
S, DC, JT	Identification of Assets											
Example:	ABC Corporation Common Stock	X			10-12-92			X				
	U.S. Cellular	X			12/2/92	X						
	Argentina Fund	X			4/10/92	X						
	Latin American Equity Fund	X			4/10/92	X						
	Mark IV	X			12/22/92	X						
	USA Fund	X			4/22/92	X						
	Pasadena Growth Fund	X			4/10/92	X						
	Dean Witter Utilities Fund	X			9/17/92		X					

Reporting Individual's Name
John J. LaFalce

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	N/A								

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Reporting Individual's Name
John J. LaFalce

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	National Venture Capital Assoc. (speech/ fact-finding)	April 2-3	D.C -San Francisco - Buffalo, NY	Y	Y	N/A	N/A
	Institute for International Bankers and Italian Bankers Assoc. (speech & other participation in conference)	April 18-25	Buffalo, NY - Rome, Italy- Buffalo, NY	Y	Y	spouse	N/A
	Electronics Industry Assoc. (speech)	April 13-16	Buffalo, NY - Florida Fort Myers, FL -Buffalo,NY	Y	Y	son	N/A
	National Restaurant Assoc. (speech)	May 16	Buffalo, NY - Chicago, IL - Buffalo, NY	N	N	N/A	N/A
	National Assoc. of Small Business Investment Companies (speech)	Nov. 13-16	Buffalo, NY - W. Palm Beach FL - Buffalo, NY	Y	Y	son	N/A
	Community Bankers Association of New York State (speech)	Nov. 18-19	Buffalo, NY - Boca Raton, FL - Savannah, GA.	Y	Y	N/A	N/A
	National Coalition of 7-Eleven Franchisees (speech)	Nov. 19-20	Savannah, GA. - Buffalo, NY	Y	Y	N/A	N/A
	Jones, Day, Reavis, Pogue (speech)	Dec. 17	Buffalo, NY - New York, NY - Buffalo, NY	N	Y	N/A	N/A

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Reporting Individual's Name
John J. LaFalce

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Trustee	Rev. A. Joseph Bissonette Memorial Foundation
Trustee	Canisius College

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

GPO: 1983 86-535A (m)

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992	FORM A For use by Members, officers, and employees

1993 MAY 21 PM 2:23

BLANCHE M. LAMBERT
(Full Name)

1204 Longworth Building — 202-225-4076
(Mailing Address) — Daytime Telephone

Washington, D.C. 20515

MC (7)

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: AR District: First	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Blanche M. Lambert	May 21, 1993

Reporting Individual's Name
Blanche M. Lambert

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
BLANCHE M. LAMBERT

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock			X								X									X									X
		George Wash. Credit Union Accounts				X									X										X						
		182 Main Street, Dover, Delaware					X							X									X								
		First Nat'l Bank of Phillips Cty Cherry St., Helena (saving/IRA)			X										X							X									
		Helena Nat'l Bank Cherry St., Helena, Ar (check.)	X																	X											
		Shearson, Lehman, Hutton (Saving acct.)				X									X								X								
		J.B. Lambert, Sr. Trust Trustee Board						X									X								X						

For additional assets and unearned income, use next page

Schedule III

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: BLANCHE M. LAMBERT

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	

Reporting Individual's Name

BLANCHE M. LAMBERT

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
BLANCHE M. LAMBERT

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days

This page may be copied if more space is required.

Reporting Individual's Name

BLANCHE M. LAMBERT

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1982 O-335A (pb)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF [illegible]
1993 MAY 13 AM 10: 57
OFFICE OF [illegible]
U.S. HOUSE OF REPRESENTATIVES

MC (9)

HAND DELIVERED

(Office Use Only)

H. Martin Lancaster
(Full Name)

2436 Rayburn House Office Building (202) 225-3415
(Mailing Address) Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives — State: NC District: 3rd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	X	
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	X	
Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL
X H. Martin Lancaster

DATE (Month, Day, Year)
05 11 93

Reporting Individual's Name
H. Martin Lancaster

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Northern Virginia Community College	Spouse Salary	NA
	Montgomery College	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

H. Martin Lancaster

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
XYZ Magazine	Article	Aug. 13, 1992	$500
Tobacco Institute, Palm Springs	Speech	Jan 15-17, 92	2,000.00
M&M Mars, Albertville, France	Speech	Feb 6-13, 92	2,000.00
Armed Services Marketing Council, Wash., DC	Speech	Mar 4, 92	1,000.00
American Logistics Association, Richmond, VA	Speech	Mar 16, 92	1,000.00
Connell Company, New Jersey	Speech	Jul 20, 92	2,000.00
Philip Morris Company, Washington, DC	Speech	Jul 28, 92	2,000.00
American Logistics Association, Nags Head, NC	Speech	Jul 30 - Aug 1, 92	1,000.00

This page may be copied if more space is required.

Reporting Individual's Name
H. Martin Lancaster

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																				BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	Briarwood Investments (1/4 interest/my equity shown)						X						X							X									
S	First Union National Bank			X										X					X										
	Branch Bank & Trust (Savings) (Formerly 1st Financial Savings and Loan)			X										X						X									X
	(BB&T) Branch Bank & Trust (Checking)			X															X										
S	State Employees Credit Union			X										X						X									
	Wright Patman Congressional Credit Union			X										X						X									

For additional assets and unearned income, use next page

Schedule III

1859

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: H. Martin Lancaster

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S	Matheny Motor Company				X							X										X							
S	Nationwide Insurance Company			X															X										
S	Exxon				X							X										X							
	New East Bank (Stock)		X																X										
	1/2 interest in lot at Bald Head Island, NC				X														X										
	The Equitable Companies (Stock)		X									X								X									X
DC	Citizens Federal Savings	Unknown														X													
DC	Branch Bank & Trust	Unknown														X													
DC	Citizens Federal Savings	Unknown														X													
DC	1st Citizens Bank & Trust	Unknown														X													
	Investment Companies of America Mutual Fund IRA					X						X											X						X
S	Employees Credit Union, NC/IRA			X								X							X										
	Branch Bank & Trust (BB&T)			X																	X								X
S	NC School System - Retirement				X							X							X										

Reporting Individual's Name
H. Martin Lancaster

SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	The Equitable Companies (Stock)	x			Jul 22,92							
	Investment Companies of America Mutual Fund IRA represents a transfer from First Financial Savings & Loan/IRA which merged with Branch Bank & Trust (BB&T)											
	Branch Bank & Trust (BB&T) bought out 1st Financial Savings & Loan through a merger.											

Reporting Individual's Name
H. Martin Lancaster

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Southern National Bank of NC	Mortgage on Briarwood Invest- ~~ment Property, Berkeley Blvd,~~ Goldsboro, NC ~~Full loan amount shown,~~ My share is 1/4.					X		

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
None	None	None

Use additional sheets if more space is required.

Reporting Individual's Name
H. Martin Lancaster

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Tobacco Institute	Jan 15-17	RT air fr Wash.,DC-Palm Springs-	Y	Y	None	N
	M&M Mars Corporation	Feb 2-13	RT air fr Dulles Airport to Albertville, France	Y	Y	Daughter	N
	American Logistics Assoc.	Mar 16	Auto transportation RT Wash.,DC to Richmond, VA	N	Y	None	N
	Connell Company	Mar 20	One-way air fr Newark, NJ to Wash., DC	N	Y	None	N
	American Logistics Assoc.	Jul 30 - Aug 1	One-way air to Norfolk,	Y	Y	Spouse	N

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Reporting Individual's Name

H. Martin Lancaster

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Partner	Briarwood Investments (Owner of rental apartment units)
Director	Wayne Implement Corporation

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement
None	None	None

GPO: 1988 [illegible]

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Congress
of the
United States
House of Representatives

H. MARTIN LANCASTER
NORTH CAROLINA
THIRD DISTRICT

May 17, 1993

INSIDE MAIL

The Honorable Donnald Anderson
Clerk, House of Representatives
The Capitol
Washington, D. C. 20515

(1) MC

Dear Donn:

This is to notify you of an oversight on page 8 of 9, of my 1992 Financial Disclosure concerning travel dates.

Item (2) M&M Mars Corporation Feb 2-13 should be listed as
M&M Mars Corporation Feb 6-13

The correct date of Feb 6-13 is currently verified in my Honoraria submission and on Schedule II, Page 3 of 9 of my Financial Disclosure.

Thank you for your cooperation in this matter.

With kindest regards, I am

Sincerely yours,

H. Martin Lancaster

H. Martin Lancaster
Member of Congress

HML:tgy

At-Large Majority Whip
Committees:
Armed Services
Chairman, Morale, Welfare, and Recreation Panel
Merchant Marine and Fisheries
Small Business

Washington Office:
2438 Rayburn House Office Building
Washington, D.C. 20515
(202) 225-3415

District Office:
Room 108 Federal Building
134 N. John Street
Goldsboro, N.C. 27530
(919) 736-1844
(800) 443-6847

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
2003 MAY 14 PM 3:29
U.S. HOUSE

MC (5)

(Office Use Only)

Thomas Peter Lantos
(Full Name)

2182 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: (202) 225-3531

Filer Status: [X] Member of the U.S. House of Representatives — State: CA District: 12 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**		X
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	X	
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**		X
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**		X
Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**		X
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	X	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)		X
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL Thomas Lantos

DATE (Month, Day, Year) 5/14/93

1866

Reporting Individual's Name
Thomas Peter Lantos

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	California Teachers Association	Pension	$11,503
	State of California Public Systems	Pension	$10,898

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Thomas Peter Lantos

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X								X								X
			George Wash. Credit Union Accounts				X								X								X						
			182 Main Street, Dover, Delaware					X						X								X							
	Merrill Lynch Cash Managmt Acct								X				X											X					
	Keogh Retirement Account (M-L)							X											X										
	IRA (self)--Merrill Lynch					X													X										
	IRA (spouse)--Merrill Lynch					X													X										
	San Mateo County property									X				X											X				

For additional assets and unearned income, use next page

Reporting Individual's Name
Thomas Peter Lantos

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Wells Fargo Bank, San Jose, CA	Mortgage on rental property, San Mateo County				X			

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
Thomas Peter Lantos

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	MWW Strategic Communication	2/24/92	D.C.--Miami--D.C.	N	Y	None	N
	Los Angeles Holocaust Council	4/26/92	San Francisco--Los Angeles--San Francisco	N	Y	Spouse	N
	Aspen Institute, Wash. DC	8/13-9/9/92	D.C.--Vienna--D.C. Legis. Conf.	Y	Y	Spouse	23 Days

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

(8)

1993 MAY 17 PM 1:11

HAND DELIVERED

MC (Office Use Only)

Larry LaRocco
(Full Name)

1117 Longworth House Office Building
(Mailing Address) (Daytime Telephone)

Washington, D.C. 20515 202-225-6611

Filer Status	[X] Member of the U.S. House of Representatives	State: Idaho District: First	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Larry LaRocco **DATE (Month, Day, Year)** May 17, 1993

1871

Reporting Individual's Name
Larry LaRocco

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Bryce Harlow Foundation, Washington, D.C. - Executive Director	Spouse Salary	NA
	Goethe Institute, Washington, D.C. , Staff Consultant	Spouse Salary	NA
	Mentor Educational Services, Washington, D.C. - Consultant	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Larry LaRocco

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500

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Reporting Individual's Name: Larry LaRocco

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S — ABC Corporation Stock			X								X									X									X
George Wash. Credit Union Accounts				X									X									X							
182 Main Street, Dover, Delaware					X							X									X								
S — Rollover IRA - Spouse Piper Jaffray/Boise, Idaho				X														X											
IRA - Larry LaRocco Piper Jaffray/Boise, Idaho			X															X											
S — IRA - Spouse Piper Jaffray/Boise, Idaho			X															X											
Profit Sharing/401 K Plan Piper Jaffray Company, Minneapolis, MN				X														X											
Shearson Lehman Brothers, Inc. Vested Retirement, Present Value, NYC, NY				X														X											
Piper Jaffray Company ESOB Minneapolis, MN			X															X											

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Larry LaRocco

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
JT	MFS MUNICIPAL INCOME TRUST			X								X						Tax-Free			X								
JT	MFS MULTI MARKET INCOME TRUST			X								X										X							
JT	PHOENIX CONVERTIBLE FUND SERIES			X								X			X						X								X
	CD w/Aunt in Rancho Cucamonga, CA American Savings Bank (formerly Valley	Fed			X						Inc. to Aunt								X										
	CD w/Uncle in Hemet, CA (Unc. Trustee) American Savings Bank					X					Inc. to Uncle								X										
S	Beneficial Int/Shareholder 33 shares Cloudcroft Farms, Wilder, ID						X					X	(none)						X										
	note: '91 listed Jt. 3/5 Acre, Bareland, Rio Vista Subdivision, McCall, Idaho, personal residence built on property in '92.																												
JT	Money Market Account, Jt. Tenants With Right of Survivorship (JTWROS)			X																									X

Reporting Individual's Name
Larry LaRocco

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	KEY BANK OF IDAHO, Boise, Idaho	Secured Loan		X					
	Student Loan Fund, Fruitland, Idaho	Student Loan	X						
	Education Loan Service, Inc. Braintree, Mass.	Student Loan	X						
	KEY BANK OF IDAHO, Boise, Idaho	Unsecured Loan		X					

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name

Larry LaRocco

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
JT	Phoenix Convertible Fund Series	X			Bought shares periodically in 92 in increments less than $1,000							
JT	Money Market, Jt. Tenants With Right of Survivorship	X			12-92							

Schedule IV

1877

Reporting Individual's Name

Larry LaRocco

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed. Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	AMERICAN ISRAELI EDUCATION FUND	Jan 5-12	Wash.D.C., Tel Aviv-DC	Y	Y	Spouse	
	National Ass'n of Homebuilders	Jan 24-27	Wash.D.C.-Las Vegas-DC	Y	Y	None	
	American Medical Association	Jan 31-Feb 2	Baltimore-Palm Beach-Member Philadelphia-Palm Beach-Spouse	Y	Y	Spouse	
	AT&T	Feb 2-3	Palm Beach-Jacksonville DC	Y	Y	Spouse	
	Public Securities Ass'n	Feb 27-Mar 2	DC-PHOENIX-DC	Y	Y	Spouse	2 Days
	Public Securities Ass'n	May 1-2	DC-White Sulphur Springs-DC	Y	Y	Spouse	
	National Council of Community Bankers	May 17-18	BOI-SAN FRAN-DC	Y	Y	None	
	Dutko and Associates/Public Affairs, Government Consulting	July 11	WASH.D.C., -NY	N	N	Spouse	
	Mortgage Bankers Ass'n	July 26-27	BOI-Sun Valley-BOI	Y	Y	None	
	Public Securities Ass'n	Oct 19-20	BOI-NY-DC (Member) DC-NY-DC (Spouse)	Y	Y	Spouse	
	National Ass'n of Realtors	Nov 8-14	BOI-Honolulu-DC	Y	Y	Spouse	

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 18 11:26

Gregory Haines Laughlin
(Full Name)

P.O. Box 504
(Mailing Address) Daytime Telephone

West Columbia, Texas 77486

Filer Status	[X] Member of the U.S. House of Representatives — State: Texas, District: 14th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

HAND DELIVERED
(Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Greg Laughlin

DATE (Month, Day, Year): May 17, 1993

Reporting Individual's Name

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X									X
	George Wash. Credit Union Accounts				X									X									X							
	182 Main Street, Dover, Delaware					X							X									X							
S	Super 8 Motel (last yr. submitted twice as oversight)			X															X											
	35% interest Unimproved 13.66 acres, Damon Hwy.					X													X											
	Partnership Interest			X															X											
	Plaza Partners			X															X											
	Brazoria Rent house & 4 lots				X														X											

For additional assets and unearned income, use next page

Schedule III

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
	Eugene Island Inc.		X																X										
	501 E. Bernard St. West Columbia				X								X											X					

Schedule III – Continuation

Reporting Individual's Name

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	West Columbia National Bank, West Columbia, TX	Mortgage on 501 E. Bernard St.			X				

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Victoria Economic Dev. Corp.	Jan. 14-16	Wash., DC-Mexico-Texas	Y	Y	NONE	N
	Texas Farm Bureau	Jan. 27	Wash., DC-Waco-Wash.DC	N	Y	NONE	N
	Ind. Cattleman's Assoc.	Aug. 8	Wash DC-Corpus Christi Eash DC	Y	Y	NONE	N
	Fermosa Plastics	Dec. 23	Wash DC- NJ-Wash DC	N	Y	NONE	N
	Texas Assn. of General Contractors	June 19	DC- Nashville-DC	Y	Y	NONE	N

This page may be copied if more space is required.

Reporting Individual's Name

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 28.

Date	Parties To	Terms of Agreement
Nov. 1988	Wes Griggs	Oral aggreement that I may return to the family law firm after leaving Congress.

GPO: 1992 50-526A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

1993 MAY 14 PM 2:30

HAND DELIVERED

(Office Use Only)

Rick A. Lazio
(Full Name)

126 South Windsor Avenue
(Mailing Address)

Brightwaters, New York 11718

Daytime Telephone (516) 893-9010

Filer Status	[X] Member of the U.S. House of Representatives	State New York District 2nd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** N/A-new Member	Yes [ ] No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** N/A-new Member	Yes [ ] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** N/A-new Member	Yes [ ]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Rick A. Lazio

DATE (Month, Day, Year) May 14, 1993

1885

Reporting Individual's Name

Rick A. Lazio

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Glass, Lazio & Glass Law Offices, Babylon, New York	partnership share and fees	$24,606.00
	County of Suffolk, Hauppauge, New York	Salary	$42,849.00
	Department of Veteran Affairs	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Rick A. Lazio

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)									Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. (a.) Undivided 50% interest owned jointly as tenants in common. Reporting value shown is at 100% value. (b.) Partnership income	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	Less than $201	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X								X										X						
	162 Main Street, Dover, Delaware					X						X										X							
a.	Sold during year 117 Storm Drive, Holtsville, NY	X																*							X	X (gross) (net)			
	69 Holly Walk, Fair Harbor, NY						X					X												X					
a.	501 South Seas Drive, Jupiter, FLA						X												X										
	Boeing Co.			X								X								X									
	Colonial High Income Muni				X							X										X							
	Freeport McMoran			X								X						b.	X	X									

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Rick A. Lazio

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
(c.) Capital loss-sale of partnership interest																													
Paine Webber RMA Money Market Fund				X								X									X								
Alliance World Income				X								X									X								
Euro Disney UK Depository Receipts				X															X										
Kemper KIP Premier Gov't				X								X								X									
Occidental Petroleum				X								X								X									
Paine Webber Global Income Fund				X								X									X								
Walt Disney Convertible Bond				X														OID (c.)		X									
Glass, Lazio & Glass Law Offices				X											X						X				X (gross)				
Bank of New York Accounts					X										X						X								
Apple Bank Accounts				X											X					X									
Philadelphia Electric				X								X								X									
Puget Sound Power & Light				X								X								X									
Western Resources		X													X						X								

Reporting Individual's Name
Rick A. Lazio

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	(fully indemnified) First Federal Savings of the Palm Beaches	Mortgage on 501 South Seas Dr. Jupiter, Florida		X					
	(sold during 1992) Bank of New York	Mortgage on 117 Storm Dr. Holtsville, New York			X				
	Barbara Henry	Mortgage on 69 Holly Walk Dr. Fair Harbor, New York			X				
	(a.)								

(a.) These mortgages are due on properties owned as tenants in common. Balance shown is at 100%

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
Rick A. Lazio

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Partner	Glass, Lazio & Glass, Law Offices
County Legislator	County of Suffolk/Suffolk County Legislature
Attorney	Village of Lindenhurst

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement
1-93	Suffolk County Retirement Plan New York State Employee Retirement System	Presently all funds are not vested. Vesting can be attained if County or State service is resumed.

GPO: 1989 O-234A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES

13

MC

HAND DELIVERED
(Office Use Only)

Jim Leach
(Full Name)

2186 Rayburn H.O.B. 202-225-6576
(Mailing Address) Daytime Telephone:

Washington, D.C. 20515

Filer Status	☑ Member of the U.S. House of Representatives — State: Ia. District: 1st	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes ☐	No ☑	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes ☐	No ☑
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes ☐	No ☑	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes ☑	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes ☑	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes ☑	No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes ☑	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes ☐	No ☑	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL J. Leach

DATE (Month, Day, Year) 7/14/93

Reporting Individual's Name

Jim Leach

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	N.A.		

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
Jim Leach

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	N.A.			

This page may be copied if more space is required.

Reporting Individual's Name

Jim Leach

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X									X
		George Wash. Credit Union Accounts				X									X									X							
		182 Main Street, Dover, Delaware					X							X									X								
		Adel Wholesalers									X		X															X			
		F.C.I. Inc.			X																										
		Leach Family Farms						X					X												X						
		Leach Realty				X																									
		Mehta Tech, Inc.								X																					

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jim Leach

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Foxley Cattle									x																		
	Foxley Real Estate Inc.				x																							
	W.C. Foxley Trust					x																						
	Carega Foxley Leach Gallery					x																						Folded out of business
	Oppenheimer		x												x					x								
	Adams Express		x																									
	Wyoming Mineral Rights			x																								
	Lois Hill Leach Trust (see attachment)									x																		
	James A. Leach Trust (see attachment)									x																		
	Merrill Lynch CMA							x						x							x							
	Merrill Lynch Retirement Acct.				x																							

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jim Leach

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	ATTACHMENT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	The James A. Leach Trust includes stock only in																											
	closely held family corporations- Adel Wholesalers,																											
	Leach Family Farms, Stampings, Inc. and Mehta Tech,																											
	Inc. -- which are of beneficial interest to Rep.																											
	Leach and his children. Values are reflected above.																											
	The Lois Hill Leach Trust includes the following																											
	which are of beneficial interest to the children																											
	of Rep. Leach and the children of Rep. Leach's																											
	deceased brother:																											
	State Univ. of Iowa Bond				x								x										x					
	Cedar Rapids Iowa Bond				x								x									x						
	Des Moines, Iowa Urb'n Ren'l Bond					x							x									x						
	State Univ. of Iowa Bond					x							x										x					
	Iowa State Univ. Bond					x							x										x					
	Oxford Tax Exempt Fund Ltd. Prt.				x																							
	IMB Inc. Properties				x																							
	The Athena Fund LP			x																								
	ML Techn. Vent. LP				x																							

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jim Leach

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	ATTACHMENT, continued.																												
	Acuson, Corn.			x																									
	Ameritech Corp.			x								x									x								
	AT&T			x								x								x									
	Am. Water Works		x									x								x									
	Archer Daniels Mid.				x							x							x										(Sold 1992) ~2-1-92
	Bell Atlantic			x								x									x								
	Bell South		x									x								x									
	Boeing			x								x								x									
	Bristol Myers Squibb		x																										Purchased 5-12-92
	Domtar		x																										
	EMC Insur.			x								x									x								
	FPL Group		x									x								x									
	Fisher Price		x									x																	
	General Electric		x																										Purchased 1-15-93
	GATX Corp.			x								x								x									

Schedule III – Continuation

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jim Leach

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
	Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)										
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
S, DC, JT																												
ATTACHMENT, continued																												
International Flavors and Fragrances			X																									Purchased ~~Jan. 15, 1~~99
Inwa Ill. Gas and Electric			X								X									X								
Kansas City Power and Light			X								X									X								
Lee Ent.				X							X									X								
Merck and Co.			X																									Purchased 1-15-93
Nestle				X							X									X								
NYNEX				X							X									X								
Pacific Telesis				X							X										X							
Quaker Oats				X							X									X								
Regal Beloit				X							X									X								
Sara Lee				X							X									X								
Southwestern Bell				X							X										X							
SYSCO Corp				X							X									X								
TOYS R US				X																								
US West Inc.				X							X									X								

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jim Leach

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.																												
	ATTACHMENT, continued.																												
	UPJOHN Co.			X								X									X								
	Templeton World Fund					X						X										X							
	Woolworth Corp.			X																									Purchased 5-12-92
	The children of Rep. Leach hold separately the																												
	following publicly traded stocks:																												
	Air Wisconsin -UAL Corp.			X								X									X								
	Domtar			X								X									X								
	Singapore Airlines			X								X									X								
	Midwest Resources Inc			X								X									X								Purchased 6-1-92

1899

Reporting Individual's Name

Jim Leach

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Archer Daniels Midland		x		~ 2-1-92			x				
	Bristol Myers Squibb	x			5-12-92	x						
	General Electric	x			1-15-93	x						
	Intern'l Flavors and Fragrances	x			1-15-93	x						
	Merck and Co.	x			1-15-93	x						
	Woolworth Co.	x			5-12-92	x						
	Midwest Resources Inc.	x			~ 6-1-92	x						

1900

Reporting Individual's Name
Jim Leach

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)							
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	N/A								

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Reporting Individual's Name

Jim Leach

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
Examples: ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
Twentieth Century Fund New York	Jan. 30-31	Wash.D.C.-New York-Wash.D.C.	Y	Y	None	N
Twentieth Century Fund New York	May 8 & 9	Wash.D.C.-New York-Wash.D.C.	Y	Y	None	N
Show Coalition Los Angeles, California	May 29 - 30	New York-L.A.-Washington DC	Y	Y	None	N
Parliamentarians for Global Action New York	July 10-11	Wash. D.C. - New York	Y	Y	None	N
Iowa Bankers Lake Okoboji, Iowa	one day July 18	Davenport, Iowa-Lake Okoboji Iowa City, Iowa	courtesy room for J.L.	Y	spouse children	N
Twentieth Century Fund New York	Sept. 21-22	Wash.D.C.-New York-Wash.D.C.	Y	Y	None	N
U.S. Commission on Improving the Effectiveness of the U.N.	Oct 22-23,	Des Moines-Iowa - Philadelphia Washington,D.C.	Y	Y	None	N
Asia/Pacific Research Stanford, California	Nov. 6-7-8-	Wash.D.C.-San Francisco-Wash.	Y	Y	None	N
Parliamentarians for Global Action New York & 20th Century	Nov. 19-21	Wash.D.C.-New York-Wash.D.C.	Y	Y	Spouse	N
Twentieth Century New York	Nov. 23	Wash.D.C. - New York	Y	Y	None	N
World Affairs Council of Ventura County,California	Nov. 24	New York, California	Y	Y	None	N
Citizens for Petri Fond du Lac, Wisc.	Nov. 25	California-Wasconsin	Y	Y	None	N
Kettering Foundation Dayton, Ohio	Dec. 10-11	Washington-Dayton-Wash.D.C.	Y	Y	None	N
The Donahue Show New York, New York	Dec. 21-22	Davenport, Iowa-New York-Davenport, Iowa	Y	Y	None	N

This page may be copied if more space is required.

Reporting Individual's Name
Jim Leach

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Member of the Board (not paid)	Woodrow Wilson School of Princeton University
Vice Chairman of the Board (not paid)	Twentieth Century Fund(a non-profit education foundation)
Member of the Board (not paid)	Iowa Wesleyan College
Chairman (not paid)	Republican Mainstream Committee
Member of the Board (not paid)	Johns Hopkins University (SAIS) Advisory Board
President (not paid)	Parliamentarians for Global Action

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement
	N.A.	

GPO: 1992 [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 17 1 4 04

RICHARD H. LEHMAN
(Full Name)

1226 Longworth Building — 202-225-4540
(Mailing Address) — Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 19	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

HAND DELIVERED (9)
MC
(Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Richard Lehman

DATE (Month, Day, Year) May 17, 1993

1904

Reporting Individual's Name
Richard H. Lehman

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Richard H. Lehman

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
XYZ Magazine	Article	Aug. 13, 1992	$500
Wine Institute	Speech	May 5, 1992	$1000.00
Capitol Forum	Speech	June 23, 1992	$500.00

This page may be copied if more space is required.

Reporting Individual's Name
Richard H. Lehman

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)										Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	Wright Patman FCU			X								X										X							

For additional assets and unearned income, use next page

1907

Reporting Individual's Name
Richard H. Lehman

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-82			X				
	NONE											

Schedule IV

1908

Reporting Individual's Name: Richard H. Lehman

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	NONE								

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Reporting Individual's Name
Richard H. Lehman

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed. Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	National Assoc. of Broadcasters	Jan 11-12	Fresno-Palm Springs-Las Vegas	Y	Y	none	none
	Electronic Industries Assoc.	Jan 12	Las Vegas-Palm Springs	N	N	none	
	National Assoc. of Broadcasters	April 11-12	Los Angeles-Las Vegas-Fresno	Y	Y	none	none

This page may be copied if more space is required.

Reporting Individual's Name
Richard H. Lehman

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
NONE	

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1992 80-626A (80)

Charitable Contributions totaling $1,500.00 were made to:

-Soararsis Endowment Fund
-Poverello House
-

AMENDMENT July 1, 1993

HAND DELIVERED

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OFFICE OF RECORDS & REGISTRATION
1993 JUN -1 PM 4:14
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Reporting Individual's Name
Richard H. Lehman

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

	BLOCK A Asset and/or Income Source	**BLOCK B** Valuation of Asset										**BLOCK C** Income																**Block D**
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X							X
	George Wash. Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X							X									X						
	Condominium, Palm Springs, CA				X								X						X									

For additional assets and unearned income, use next page

Page ____ of ____

Schedule III

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 17 1993

(9)

HAND DELIVERED

(Office Use Only)

SANDER MARTIN LEVIN
(Full Name)

106 CANNON (202)225-4961
(Mailing Address) Daytime Telephone

WASHINGTON DC 20515

Filer Status	[X] Member of the U.S. House of Representatives — State: MI District: 12	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Sander M. Levin

DATE (Month, Day, Year) May 14, 1993

Reporting Individual's Name
Sander M. Levin

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Victoria Levin (spouse) National Institute of Mental Health	Spouse Salary	54,000.95

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name

SANDER M. LEVIN

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

NONE

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500

This page may be copied if more space is required.

Reporting Individual's Name

SANDER M. LEVIN

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)										Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X								X								X
			George Wash. Credit Union Accounts				X								X								X						
			182 Main Street, Dover, Delaware					X						X									X						
JT	½ interest in 78 A; ½ interest in 18A Tyrone Township, MI							X												X									
JT	¼ interest in unimproved land 3A West Tisbury, MA								X											X									

For additional assets and unearned income, use next page

Reporting Individual's Name
SANDER M. LEVIN

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)								
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
1	1/9 undivided interest in commercial real estate, W. Maple, Birmingham MI						X						X	X										X				
2	5.3% interest in LNS Co., a general partnership owning mineral rights and accounts receivable in MI			X														royalty				X						
3	5.3% interest in LRS Co., a general partnership owning real estate in Romulus and Pontiac Townships, MI and accounts receivable		X																X									
4	4.2% interest in Pleasantdale, a general partnership owning real estate in Pontiac Township, MI			X											X						X							

Reporting Individual's Name
SANDER M. LEVIN

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

		Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
S, DC, JT	Identification of Assets											
	Example: ABC Corporation Common Stock	X			10-12-92			X				

Schedule IV

Reporting Individual's Name
Sander M. Levin

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Ms. Sadie Cohn, West Bloomfield Township, MI	Loan	X						

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
SANDER M. LEVIN

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	Association for Manufacturing Technology	Nov. 20. Nov. 21	Washington, DC- Jacksonville, FL	Y	Y	none	N

This page may be copied if more space is required.

Reporting Individual's Name
SANDER M. LEVIN

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Partner	LNS Company, LRS Company and Pleasantdale - refer Schedule III

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1988 50-525A (94)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

1993 MAY 17 PM 4:35

(5)

HAND DELIVERED

(Office Use Only)

David A. Levy
(Full Name)

547 Stanton Avenue
(Mailing Address)

Baldwin, New York 11510
Daytime Telephone: (516) 872-9550

Filer Status	[X] Member of the U.S. House of Representatives	State: NY District: 4	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions page 11.)	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 12, 1993

1923

Reporting Individual's Name
David A. Levy

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Town of Hempstead, Hempstead, New York	Salary	$45,000
	Nassau County Republican Committee, Westbury, New York	Salary	54,700
	Noble Broadcast Group, San Diego, California	Spouse Salary	
	Rainbow News 12 Company, Woodbury, New York	Spouse Salary	

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name: David A. Levy

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C: Category of Amount of Income (X)										Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X										X					
	182 Main Street, Dover, Delaware					X							X									X							
	Dreyfus NY Tax Exempt MM			X										X						X									
	Dreyfus NY TE Bond Fund			X								X		X							X								
	Dreyfus NY TE Insured Bond Fund			X								X		X							X								
	Prudential Muni NY MM Series			X										X						X									
	National Westminster Bank			X										X						X									
	Neuberger & Berman Selected Sectors			X								X								X									

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: David A. Levy

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S DC JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Paine Webber Retirement Fund*			X										X						X									Purchased
	FNMA Pool CLG 92352*			X										X						X									Purchased
	Dreyfus New Leaders Fund*			X								X			X						X								
	Dreyfus Liquid Assets*			X								X									X								
	T.R. Price Guar Int Fund**			X										X							X								
	T.R. Price Equity Income Fund**			X								X			X						X								
	T.R. Price Growth Fund**			X								X			X						X								
	Nassau GOP Pension Trust				X									NOT APPLICABLE															
	NYS Retirement System			X										NOT APPLICABLE															
S	Noble Broadcast 401K			X										NOT APPLICABLE															
	Minor children from a previous mar-																												
	riage and who do not reside with me																												
	have additional holdings of which I																												
	have no knowledge.																												

Reporting Individual's Name
David A. Levy

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Dreyfus New Leaders Fund (IRA Contribution)	X				X						
	Paine Webber Retirement Fund	X				X						
	FNMA Pool CLG 92352	X				X						

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
CLERK OF RECORDS & INFORMATION
93 MAY 13 AM 8 00

JERRY LEWIS
(Full Name)

2312 Rayburn House Office Building (202) 225-5861
(Mailing Address) Daytime Telephone

Washington, D. C. 20515

23

MC INSIDE MAIL
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: CA. District 40	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

(Note: A copy of Financial Disclosure Statement of spouse is attached hereto)

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Jerry Lewis	**DATE (Month, Day, Year)** May 11 1993

1928

Reporting Individual's Name

JERRY LEWIS

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Penn Mutual Life Insurance Co. (note: No new business earned during 1992--income reflects service of business established preceding calendar year 1979)	Commissions	$458.00

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name

JERRY LEWIS

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
XYZ Magazine	Article	Aug. 13, 1992	$500
National Association of Broadcasters	Legislative forum Panel Participant	1992 Jan. 11,	$2,000
The Tobacco Institute	Legislative Conf. Panel Participant	Jan. 18	$2,000
The Connell Company	Speech	Jan. 24	$2,000
Mexican American Grocers Association	Speech	Feb. 27	$2,000

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Reporting Individual's Name
JERRY LEWIS

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)										Block D
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT — Examples: S — ABC Corporation Stock				X								X									X								X
Examples: George Wash. Credit Union Accounts					X									X									X						
Examples: 182 Main Street, Dover, Delaware						X							X									X							
JT	631 Constitution Ave.,N.E. Washington, D.C. 20002								X				X											X					
	Fidelity Cash Reserves (IRA)				X									X							X								
	Mill and D Sts.,San Bernardino, Ca,Acq.1964;sold on terms 1989 (copy attached)				X										X								X						
	Lewis Family Trust-1/4th share (See copy attached)					X												Trust distributions					X						
	Odwalla, Inc. Common stock	X													X								X						X
	The Magnetic Partnership Two 7.432]% interest				X								NONE									NONE							

For additional assets and unearned income, use next page

Schedule III

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JERRY LEWIS

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
	2729 Riley Oaks Dr.,Las Vegas, Nv.(step-daughter's residence)				X								NONE								NONE						
	1120 1/2 C St. N.E.,Wash.,D.C. 20002 (former residence)					X						X									X						
	Congressional Federal Credit Union (Interest bearing account)				X								X							X							
	Parcel No. 13 as shown on Parcel Map No. 4416 recorded May 21 1979 in Parcel Map Book No. 47 pages 65 and 66 in the office of the County Recorder of the County of San Bernardino, State of Ca.			X									NONE								NONE						

Reporting Individual's Name: JERRY LEWIS

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	ODWALLA, INC. , 12,500 shares common stock		x		10-28-92			X				

Reporting Individual's Name
JERRY LEWIS

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Standard Federal Savings	Mortgage on 631 Constitution Ave.N.E. Wash.D.C. 20002					X		
	American Mortgage Co. (Step-daughter's residence)	Mortgage on 2729 Riley Oaks Dr.,LasVegas, NV.			x				
	Columbia First Bank,Wash.D.C.	Mortgage on 1120 1/2 C. St. N.E.,Wash.D.C. 20002			x				

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

Reporting Individual's Name
JERRY LEWIS

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.–Chicago–Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.–Los Angeles–Cleveland	Y	Y	Spouse	4 Days
	National Association of Broadcasters	Jan.10-12	Palm Springs, Ca. Panel participant. Travel not provided	Y	Y	Spouse	--
	The Tobacco Institute	Jan.17-19	Palm Springs, Ca. Panel participant Travel not provided	Y	Y	Spouse	--
	The Connell Company	Jan.24-26	Speech-Wash.D.C.-Newark, N.J.-Wash.D.C.	Y	Y	Spouse	
	Mexican American Grocers Association	Feb.27-Mar. 1	Panel & speech-Wash.D.C. Palm Springs,Ca.-Ontario-	Y	Y	Spouse	2 days
	IMO Industries	July 31-Aug. 1	Wash.D.C. Tour & briefing-Wash.D.C.-Ft.Worth,Tx.,-Wash.D.C.	Y	Y	--	
	U.S. Telephone Association	Nov.12-15	Panel participant-Wash.D.C. Key West,Fla.-Wash.D.C.	Y	Y	Spouse	
	Coordination Council for North American Affairs	July 9-20	Fact finding and meetings with gov't.officials & business people.Wash.D.C.-				
			LAX-Taipei,Taiwan-LAX-Ontario-Wash.D.C.(July				
			9 at own expense in L.A. Departed Taipei on July 15. Departed Ontario	Y	Y	--	6 days
			July 20 for Wash.D.C.)				

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Reporting Individual's Name
JERRY LEWIS

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

Positions	Name of Organization
Board of Directors	Loma Linda University Children's Hospital

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement
July,1959	Penn Mutual Life Insurance Co.,Agent retirement plan--monthly life annuity beginning at age 65. A standard agent's insurance contract. ~~Commissions are paid in conformity with~~ N.Y. State law and ongoing fees paid for service to policyholder for life of contract.	
1969	Legislators' Retirement System, State of California. Public Employees Retirement System. Monthly life annuity beginning at age 60.	

GPO: 1992 50-636A (m)

1936

CONTINUATION OF EDWARD R. LEWIS AND ELAINE L. LEWIS TRUST

The undersigned, Richard J. Lewis, Edward R. Lewis, Jr., C. Jeremy Lewis, and John C. Lewis are the vested sole beneficiaries of the Edward R. Lewis and Elaine L. Lewis Trust executed June 15, 1983, a copy of which is attached hereto. Following the deaths of Edward R. Lewis and Elaine L. Lewis, outright distribution has been made of some of the assets of this Trust, but the assets listed on Schedule A attached hereto continue to be held by C. Jeremy Lewis as Trustee of said Trust for the benefit of all of the undersigned.

The undersigned hereby agree that said property shall continue to be held, administered, and distributed by Trustee of said Trust in accordance with the provisions of said Trust as modified by this instrument.

1. Purpose. The purpose of this Trust as hereby extended shall be for Trustee to manage the assets of this Trust, collect all payments on obligations owed, divide and distribute the proceeds equally between us, liquidate all tangible assets of this Trust, and make distribution of the net proceeds to us.

2. Term. The term of this Trust shall be for so long as necessary to sell the real property and obtain complete payment on all notes and contracts which are the subject of this Trust, or for 10 years from the date of this instrument, whichever first occurs. At the expiration of this Trust, outright distribution shall be made by Trustee to the undersigned in equal shares, if all of them living, or to the successor beneficiaries of each of us as designated on the beneficiary designation of each, if any of us is not living at the time a distribution is to be made.

3. Beneficiary Designations. For so long as each of us are living, all distributions shall be made in equal shares to each of us, with Trustee holding such reserves as Trustee may deem appropriate for the management of the Trust estate. Upon the death of any of us prior to the termination of this Trust, the share of this Trust allocable to such deceased person and all distributions being made for such person shall be delivered to the beneficiaries designated for such person in accordance with the Beneficiary Designation of such deceased person delivered to Trustee. If no Beneficiary Designation has been executed by any of us at the time of the death of any of us or Trustee has not received the original of such Beneficiary Designation when a distribution is to be made, distribution of such deceased person's share shall be made without the need for any probate administration to the beneficiaries of such deceased person's last Will, or if there is no Will, to such deceased beneficiary's intestate heirs according to California's laws of intestate succession. If Trustee has any doubt as to the appropriate distribution to be made, Trustee may, in Trustee's sole discretion, make distribution to the estate of the one of us as to

whom the ambiguity exists or may petition the Court for instructions as to the appropriate distribution. Each of us may modify his Beneficiary Designation at any time by sending to Trustee a duly executed revision and, upon receipt of such change of Beneficiary Designation by Trustee, such change shall be effective.

3.1 Each of us shall be considered as the primary beneficiary of his share of this Trust, and the designated successor beneficiaries shall have no rights or powers concerning this Trust until the interests of such successor beneficiaries vest upon the death of one of us.

3.2 Notwithstanding anything set forth above, Trustee may, in Trustee's sole discretion, at any time elect to distribute all of the assets of this Trust in undivided shares equally between the four primary beneficiaries of the Trust; provided, however, if any of us is then deceased, the distribution of the share of such deceased one of us shall be made to the designated beneficiaries of such deceased person.

4. Additional modifications of Trust. This Trust may be amended at any time by written document executed by the four of us and may be revoked by written document executed by the four of us. It may not be amended or revoked in any other manner.

Executed effective December 1, 1989.

Richard J. Lewis

Edward R. Lewis, Jr.

C. Jeremy Lewis

John C. Lewis

Approved as to form:
GRESHAM, VARNER, SAVAGE, NOLAN & TILDEN

By: Philip M. Savage, III

All assets in the Edward R. and Elaine L. Lewis Trust dated June 15, 1983 remaining following outright distribution after the death of Edward R. Lewis on May 13, 1988, including but not limited to the following:

1. Note dated 5-18-78 in the amount of $11,933.14 by Mark E. Brandlin, at 7% per annum, payments of $125.00 payable on the 1st day of each calendar month, commencing on 5-1-78, secured by deed of trust recorded 9-4-79 as Instrument 1034, in Book 9763, Page 1571.

2. Note dated 7-18-84 in the amount of $31,750.00 by Robert Bresnahan and Carolyn Bresnahan and Carolyn Bresnahan as joint tenants, and Rob Bresnahan, at 7% per annum, payments of $250.00 payable on the 18th day of each calendar month, commencing on 7-18-79, secured by deed of trust recorded 8-27-84 as Instrument 84-204415.

3. Note dated 9-1-78 in the amount of $23,245.00 by Gerald W. Bromley and Phyllis Bromley, joint tenants, at 7% per annum, payments of $175.00 payable on the 1st day of each calendar month, commencing 10-1-78, secured by deed of trust recorded 9-4-79 as Instrument 1035, in Book 9763, Page 1572.

4. Real property in San Bernardino County, CA, subject to contract for sale dated 10-26-81 for $32,000.00 by Earl D. Burdett.

5. Real property in San Bernardino County, CA, subject to contract for sale dated 10-26-81 for $32,000.00 by Earl D. Burdett.

6. Real property in San Bernardino County, CA, subject to contract for sale dated 9-16-85 for $60,000.00 by Glasscamp, Inc.

7. Real property in San Bernardino County, CA, subject to contract for sale dated 9-16-85 for $32,000.00 by Glasscamp, Inc.

8. Note dated 7-22-75 in the amount of $14,400.00 by Alan G. DeWeese and Margaret M. DeWeese, at 7% per annum, payments of $125.00 payable on the 23rd day of each calendar month, commencing 8-23-75, secured by deed of trust recorded 9-4-79 as Instrument 1031, in Book 9763, Page 1568. - Reconveyed

9. Note dated 9-24-80 in the amount of $12,575.00 by Edward W. Heber, Jr., and Judith A. Heber, at 7% per annum, payments of $125.00 payable on the 1st day of each calendar month, commencing on 10-1-80, secured by deed of trust recorded 1-19-81 as Instrument 81-012555.

10. Note dated 5-8-78 in the amount of $14,404.22 by James A. and Earleen K. Helm, at 7% per annum, payments of $125.00 payable on the 5th day of calendar month, commencing 6-5-78, secured by deed of trust recorded 9-4-79 as Instrument 1038, in Book 9763, Page 1575.

11. Real property in San Bernardino County, CA, subject to contract for sale dated 4-20-73 for $12,000.00 by Randy Don Hopkinson & Georgette M. Hopkinson. - Reconveyed

12. Note dated 12-24-84 in the amount of $31,750.00 by Sam J. Kahn and Betty L. Kahn as joint tenants, and Robert Craig Bennion and La Ree Bennion as joint tenants, at 7% per annum, payments of $250.00 payable on the 30th day of each calendar month, commencing on 6-30-77, secured by deed of trust recorded 1-2-85 as Instrument 85-000662.

13. Real property in San Bernardino County, CA, subject to contract for sale dated 6-13-79 for $32,000.00 by Carl E. Knauff, Peggy Knauff, Randy W. Roach, Barbara Roach, Stephen F. Jaurigue, Kathleen S. Jaurigue, Philippe J. Tatton, and Susan E. Tatton.

14. Note dated 4-2-84 in the amount of $15,775.00 by Harold E. Koenig, at 7% per annum, payments of $125.00 payable on the 15th day of each calendar month commencing on 9-25-76, secured by deed of trust recorded 5-17-84 as Instrument 84-116000.

15. Note dated 8-31-78 in the amount of $14,000.00 by Albert Lara, at 7% per annum, payments of $125.00 payable on the 30th day of each calendar month, commencing 9-30-78, secured by deed of trust recorded 9-20-79 as Instrument 1137, in Book 9775, Page 1620.

16. Real property in San Bernardino County, CA, subject to contract for sale dated 2-4-84 for $12,000.00 by Richard J. and Donna F. Lewis.

17. Real property in San Bernardino County, CA, subject to contract for sale dated 10-16-79 for $32,000.00 by Marilyn L. Mahan.

18. Note dated 4-1-84 in the amount of $23,600.00 by Michael B. Oliver and Sheila R. Oliver, joint tenants, at 7% per annum, payments of $175.00 payable on the 15th day of each calendar month, commencing on 7-15-77, secured by deed of trust recorded 5-17-84 as Instrument 84-116062.

19. Note by Harold J. Petty and Netty L. Petty at 7% per annum secured by deed of trust recorded as Instrument No. 913 on Dec. 19, 1979 in Book 9583, Page 1403.

20. Note dated 9-28-76 in the amount of $14,011.86 by Melvin L. Smith, Jr., and Marilyn A. Smith, joint tenants, at 7% per annum, payments of $125.00 payable on the 21st day of each calendar month, commencing on 10-21-76. Reconveyed

21. Real property in San Bernardino County, CA, subject to contract for sale dated 5-2-85 for $12,102.28 by Frances M. Stephenson and Austin Shrack.

22. Note dated 4-7-83 in the amount of $28,450.85 by Pauline R. Walton and Bobbie R. Skinner, at 7% per annum, payments of $250.00 payable on the 15th day of each calendar month, commencing 4-15-83, secured by deed of trust recorded 4-19-83 as Instrument 83-082026.

23. Real property in Los Angeles County, CA, subject to contract for sale dated 1-20-88 for $10,000.00 by Rommel Agee.

24. Lot 32 Area 43,608 sq. ft. in Block 265 as delineated on the map entitled Hawaiian Ocean View Estates which said map was filed in the Bureau of Conveyances of the State of Hawaii 4-5-62 as File Plan 787.

25. Improved real property situated in San Bernardino, CA, at 5328 Park Lane, described as:

    Lot 2, Tract 5123 as per plat recorded in Book 62 of maps, page 23, records of San Bernardino County, Assessor's Parcel 154-051-37. - Sold in 1981

26. Improved real property situated in San Bernardino, CA, at 5634 Argyle Street, described as: - Sold in 1990

    Lot 29, Tract 5095 as per map recorded in Book 75 of Maps, pages 23-24 in the office of the County Recorder of San Bernardino County.

27. ~~Pacific Savings Bank Account~~ # 0535262-0 - Transferred to CK. acct.

28. Franklin Fund - ~~Sold in 199~~ California Tax-Free Income Fund - Account No. 112093617 24

29. Parcel No. 7 as shown on Parcel Map No. 4416 recorded May 23, 1979 in Parcel Map Book No. 47, pages 65 and 66 in the office of the County of San Bernardino, State of California. Quitclaimed to trust by Richard Lewis 9/17/91.

C. Jeremy Lewis

John C. Lewis

Edward R. Lewis

Richard J. Lewis

2/23/89 SALE OF MILL ST PROPERTY
PROJECTED RESULTS OF SALE

		TOTAL	1/4 LEWIS
SALES PRICE		$325,000.00	$81,250.00
BRODERICK AND ASSOC. COMM.-10%		($32,500.00)	($8,125.00)
		$292,500.00	$73,125.00
ESTIMATED ESCROW COSTS		($2,200.00)	($550.00)
NET SELLING PRICE		$290,300.00	$72,575.00
	INT. EQUIV.		
INTEREST INCOME			
FIRST YEAR-6%	9.00%	$14,193.94	$3,548.49
SECOND YEAR-7%	10.50%	$14,455.46	$3,613.87
THIRD YEAR-8%	12.00%	$14,017.28	$3,504.32
FOURTH YEAR-9%	13.50%	$12,792.43	$3,198.11
FIFTH YEAR-9%	13.50%	$9,577.94	$2,394.49
SIXTH YEAR-9%	13.50%	$6,061.89	$1,515.47
SEVENTH YEAR-9%	13.50%	$2,216.03	$554.01
		$73,314.97	$18,329.74
TOTAL TO BE RECEIVED		$363,614.97	$90,903.74

TIMING OF RECEIPTS:

AT CLOSE OF ESCROW:				
DOWN PAYMENT		$75,000.00		$18,750.00
NEG. FEE		($32,500.00)		($8,125.00)
ESCROW COSTS		($2,200.00)		($550.00)
		$40,300.00		$10,075.00
MONTHLY PAYMENTS: (PRINCIPAL AND INTEREST)	PER MONTH		PER MONTH	
FIRST YEAR-6%	$3,652.14	$43,825.68	$913.04	$10,956.42
SECOND YEAR-7%	$3,757.06	$45,084.72	$939.27	$11,271.18
THIRD YEAR-8%	$3,847.22	$46,166.64	$961.81	$11,541.66
FOURTH YEAR-9%	$3,921.63	$47,059.56	$980.41	$11,764.89
FIFTH YEAR-9%	$3,921.63	$47,059.56	$980.41	$11,764.89
SIXTH YEAR-9%	$3,921.63	$47,059.56	$980.41	$11,764.89
SEVENTH YEAR-9%	$3,921.63	$47,059.56	$980.41	$11,764.89
		$363,615.28		$90,903.82

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

ARLENE M. WILLIS
(Full Name)

2312 Rayburn House Office Bldg. (202) 225-5861
(Mailing Address) Daytime Telephone

Washington, D. C. 20515

Filer Status	[ ] Member of the U.S. House of Representatives — State: ____ District: ____	[x] Officer or Employee	Employing Office: Jerry Lewis, M.C.
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date: ____

(Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

(Note: A copy of Financial Disclosure Statement of Spouse is attached hereto)

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [x]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [x]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? (to spouse) **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [x]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [x]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [x]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [x]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [x]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [x]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [x]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10)	Yes [ ]	No [x]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, § 101 et seq) The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, § 104 and 18 U S C § 1001)

SIGNATURE OF REPORTING INDIVIDUAL Arlene M. Willis

DATE (Month, Day, Year) May 12 1993

1943

Reporting Individual's Name
ARLENE M. WILLIS

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
ONLY THAT WHICH IS REPORTED ON FINANCIAL DISCLOSURE STATEMENT			
OF SPOUSE WHICH IS ATTACHED HERETO AND MADE A PART HEREOF BY			
REFERENCE.			

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
ARLENE M. WILLIS

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
SEE FINANCIAL DISCLOSURE STATEMENT OF SPOUSE WHICH IS ATTACHED				
HERETO AND MADE A PART HEREOF BY REFERENCE				

This page may be copied if more space is required. Page ____ of ____ Schedule II

Reporting Individual's Name
ARLENE M. WILLIS

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U S. Government retirement programs For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X									X
			George Wash. Credit Union Accounts				X								X									X							
			182 Main Street, Dover, Delaware					X						X									X								
	Fidelity Investments (IRA)					X									X							X									
	ALSO SEE FINANCIAL DISCLOSURE STATEMENT OF SPOUSE WHICH IS ATTACHED HERETO AND MADE A PART HEREOF BY REFERENCE																														

For additional assets and unearned income, use next page

Reporting Individual's Name

ARLENE M. WILLIS

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	SEE FINANCIAL DISCLOSURE STATEMENT OF SPOUSE WHICH IS											
	ATTACHED HERETO AND MADE A PART HEREOF BY REFERENCE.											

Schedule IV

Reporting Individual's Name
ARLENE M. WILLIS

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	SEE FINANCIAL DISCLOSURE STATEMENT OF SPOUSE WHICH IS ATTACHED								
	HERETO AND MADE A PART HEREOF BY REFERENCE.								

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name

ARLENE M. WILLIS

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	SEE FINANCIAL DISCLOSURE STATEMENT OF SPOUSE WHICH IS ATTACHED HERETO AND MADE A PART HEREOF BY REFERENCE.						

This page may be copied if more space is required. Page ___ of ___ Schedule VII

Reporting Individual's Name
ARLENE M. WILLIS

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
	NONE

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1993 86-834A (pb)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 17 . . . 9

John Lewis, Member of Congress
(Full Name)

United States House of Representatives (202) 225-3801
(Mailing Address) Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives — State: GA District: 5	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

(9)

HAND DELIVERED

MR

(Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [ ]	No [X]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL — John Lewis

DATE (Month, Day, Year) May 17, 1993

(9)

1951

Reporting Individual's Name

John Lewis

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Clark Atlanta University; Atlanta, Georgia	Spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II

1952

Reporting Individual's Name
John Lewis

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500

This page may be copied if more space is required.

Reporting Individual's Name

John Lewis

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Example:	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware						X						X										X							

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John Lewis

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	NONE																												

Schedule III – Continuation

1955

Reporting Individual's Name: John Lewis

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	NONE											

Reporting Individual's Name
John Lewis

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)							
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	NONE								

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calender year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name

John Lewis

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	Motion Picture Assn. of America	Jan. 6-7	ATL-LA-ATL	Y	Y	NONE	N
	Intl. Ladies' Garment Workers Union	June 14-15	ATL-MIAMI-ATL	Y	Y	NONE	N
	National Trust for Historic Preservation	Oct. 9-10	ATL-MIAMI-ATL	Y	Y	NONE	N
	National Legislative Education Conference	NOV. 7-10	ATL-LA-CHI-ATL	Y	Y	NONE	N

This page may be copied if more space is required.

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Reporting Individual's Name
John Lewis

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Board of Directors	Wiley A. Branton Civil Liberties Foundation, Inc.
Board of Directors	Martin Luther King Center for Nonviolent Social Change, Inc.
Board of Directors	Friends of Vista, Inc.
Board of Directors	Robert F. Kennedy Memorial, Inc.

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

THIS IS NOT A "REPORTABLE" AGREEMENT.

Date	Parties To	Terms of Agreement
Oct. 29	Simon & Schuster, Inc. Larry Copeland and John Lewis	Writing and publication of an autobiographical book.

GPO: 1992 50-525A (pm)

1959

1960

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

1993 MAY 14 PM 3 18

Thomas F. (Tom) Lewis
(Full Name)

4440 PGA Boulevard - Suite 406
(Mailing Address)

Palm Beach Gardens, Florida 33410

Daytime Telephone (407) 627-6192

MC (10)

HAND DELIVERED

(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: Florida District: 16th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Tom Lewis

DATE (Month, Day, Year): May 14, 1993

(10)

Reporting Individual's Name

Thomas (Tom) Lewis

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Sergeant at Arms U.S. House of Representatives, Washington, D.C.	Salary as Member of Congress	129,133
	CT General Life Insurance, Hartford, CT	Pension	2,242
	FL Department of Administration, Tallahassee, FL	Pension	4,108
	Earned by Spouse:		
	Marion V. Lewis, Inc. North Palm Beach, FL	Salary	
	State of Florida, Tallahassee, FL	Salary	

For payments to charity in lieu of honoraria, use Schedule II

1961

Reporting Individual's Name

Thomas F. (Tom) Lewis

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
XYZ Magazine	Article	Aug. 13, 1992	$500
NONE			

This page may be copied if more space is required.

1992

Reporting Individual's Name
Thomas F. (Tom) Lewis

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X							X
	George Wash. Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X							X									X						
	Enterprise National Bank - Bk Acct.		X											X							X							X
	Flagler Bank		X											X						X								X
	Frances S. Stokesberry, Mtg.				X									X								X						X
	Cong. Federal Credit Union			X										X						X								X
	Parker & Parsley			X										X							X							X
	Hallwood Energy Partners (was Apache)		X											X						X								X
S	Silver Screen Partners (1 Unit)		X											X						X								X

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Thomas F. (Tom) Lewis

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
JT	$10,000 Face Alaska Pipeline			X										X						X								X
JT	5,000 Face Pueblo Co. 7%			X										X						X								X
	First American Bank of PB County (Defunct)	X										X						X										DEFUNCT
S	200 Sh. Flagler National Bank			X								X							X									X
S	500 Sh. Palm Beach Lakes Bank	X										X						X										X
S	500 Sh. Marian V. Lewis Inc. Realtors				X							X						X										X
S	Dean Witter/Sears Liq. Asset Fd.			X										X						X								X
JT	Dean Witter/Sears Liq. Asset Fd.					X								X								X						X
S	Shearson Lehman Mgmt. Acct.				X							X									X							X
	Mortgage - Jose' I Rodriquez				X									X							X							X
	Mortgage - Dr. William Gerberich						X							X									X					X
JT	Rentals 1081 Ocean Drive Juno Beach, FL					X							X										X					
JT	(3) Condo. Office, 721 U.S. Hwy 1 NPB						X						X										X					
JT	50% Interest Comm. Prop. U.S. Hwy 1					X							X										X					
JT	(2) Apts. Forest Hills, NC					X							X									X						

1964

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Thomas F. (Tom) Lewis

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S. DC. JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	Tri-Plex 1316-18-20 Rumba Lane, FL					X							X											X					
JT	Condo, Unit Chez Sois, Tall. FL					X							X											X					
S	Real Estate Lot-N. Palm Beach FL						X												X										
JT	Townhouse, Tallahassee, FL					X													X										
JT	Lot Residential Inv.			X															X										
JT	15 Acres Swannee Co. FL			X															X										
JT	Equity Membership Bear Lakes, West Palm Beach, FL			X															X										
JT	50% Int. Military Trail Lake Worth Comm. Prop.					X							X											X					

60710

1965

Reporting Individual's Name: Thomas F. (Tom) Lewis

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
JT	Rental Property Redbank Rd Juno Beh Fla		X		11-30-92				X			
JT	Rental Property Ocean Drive Juno Beh Fla		X		060492				X			
JT	Rental Property Cengrove Ave West Palm Beh Fla		X		07-02-92			X				

Reporting Individual's Name

Thomas F (Tom) Lewis

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del.				X			
JT	Fidelity Federal Savings & Loan WPB, FL	Condo Office 721 U.S. Hwy 1, NPB	X						
JT	Community Fed. S&L, Riviera Beach, FL	Condo Office 721 U.S. Hwy 1, NPB		X					
JT	Jackson County S&L, North Carolina	Mgt. (2) Apts. Forrest Hills, NC		X					
JT	Mrs. F. Langston, Tallahassee, FL	2nd Mtg. Tri-Plex Rumba Ln. Tall FL		X					
JT	Foster Mortgage (formerly) Sun Federal Savings & Loan Tallahassee, FL	Mtg. Tri-Plex Rumba Ln. Tall. FL			X				
JT	Foster Mortgage (formerly) Sun Federal Savings & Loan Tallahassee, FL	Mtg. Chez Sois Condo. Tall. FL			X				

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
		Value Unknown

Use additional sheets if more space is required

8 of 10

Schedules V and VI

1967

Thomas F. (Tom) Lewis

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Dairymen, Inc.	Dec. 9-10	Air travel from Washington, DC to Atlanta, GA and return to				
			West Palm Beach, FL	Y	Y	Spouse	N

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1968

Reporting Individual's Name

Thomas F (Tom) Lewis

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Vice President	Marian V. Lewis, Inc.
Executive Committee	Republican Party of Florida

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1982 59-635A (m)

1969

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992	FORM A For use by Members, officers, and employees

1993 MAY 17 PM 3 57

(7)

Jim Ross Lightfoot
(Full Name)

2444 Rayburn HOB, Washington, DC 20515 — (202) 225-3806
(Mailing Address) — Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: Iowa District: 3	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

HAND DELIVERED
(Office Use Only)

1970

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Jim Lightfoot	May 17, 1993

Reporting Individual's Name

Jim Ross Lightfoot

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Merri Widow Store - Shenandoah, Iowa	Spouse Business inc.	NA
	People For Lightfoot - Shenandoah, Iowa	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

1971

Reporting Individual's Name
Jim Ross Lightfoot

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
JT	Ross' Sesto Shop, Shenandoah					X													Bus. Income	X	(Gross and Net)									
JT	Merri Widow Store, Shenandoah						X												Bus. Income	X	(Net)							X	(Gross)	
	Apple Computer Stock			X									X								X									
	Baker International Stock		X										X								X									
	Trevnor State Bank IRA, Trevnor			X											X						X									
DC	GMAC Capital Corp. Account				X											X					X									

For additional assets and unearned income, use next page

Schedule III

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jim Ross Lightfoot

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	Internal Revenue Service										NA							Tax Refund					X						
JT	Treasurer State of Iowa										NA							Tax Refund				X							

1973

Reporting Individual's Name: Jim Ross Lightfoot

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Sedurity Trust & Savings Bank, Shenandoah	Business Operating Loan		X					
	Congressional Fed. Credit Union	Personal Loan	X						
	Houghton Bank -Houghton, Iowa	Business Loan	X						

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

1974

Reporting Individual's Name

Jim Ross Lightfoot

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	American Medical Assoc.	Feb. 28-Mar. 1	Omaha-Florida -Omaha (spouse) DC - Florida - DC (member)	Y	Y	Spouse	N

This page may be copied if more space is required.

1975

Reporting Individual's Name
Jim Ross Lightfoot

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

Positions	Name of Organization
Partner	Ross' Zesto Shop, Shenandoah
Partner	Merri Widow Store, Shenandoah

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1982 68-835A (pa)

1976

JIM LIGHTFOOT
3d District, Iowa
2444 RAYBURN BUILDING
WASHINGTON, DC 20515-4403
(202) 225-3806
COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON TREASURY, POSTAL SERVICE AND GENERAL GOVERNMENT
SUBCOMMITTEE ON FOREIGN OPERATIONS

RECEIVED
1993 MAY 20 AM 8:52
COMMITTEE ON STANDARDS

RECEIVED
1993 MAY 25 AM 7:55

DISTRICT OFFICES
501 W. LOWELL
SHENANDOAH, IA 51601-1213
(712) 246-1984

413 KELLOGG
AMES, IA 50010-6225
(515) 232-1298

220 W. SALEM AVENUE
INDIANOLA, IA 50125-2413
(515) 961-0691

347 EAST 2ND STREET
OTTUMWA, IA 52501-3001
(515) 683-3851

311 NORTH 3RD STREET
BURLINGTON, IA 52601-5311
(319) 753-6415

DISTRICT TOLL-FREE LINE
1-800-432-1984

Congress of the United States
House of Representatives

May 18, 1993

INSIDE MAIL

MC (2)

The Honorable Jim McDermott
Chairman
Committee On Standards of Official Conduct
HT 2, The Capitol
Washington, D.C. 20515

Dear Jim:

I would like to request the attached information be included as an amendment to page five of my previously submitted Financial Disclosure Statement For Calendar Year 1992.

Please contact me or Barbara Millunzi of my staff if you should have questions regarding this matter.

Sincerely,

JIM LIGHTFOOT
MEMBER OF CONGRESS

JRL:bam

RECEIVED
1993 MAY 25 AM 7:55

Jim Ross Lightfoot

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Security Trust & Savings Bank, Shenandoah	Business Operating Loan		X					
	Congressional Fed. Credit Union	Personal Loan	X						

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
... 1993 MAY 13 PM 2:59

John Elmer Linder
(Full Name)

5039 Winding Branch Drive, Atlanta, GA 30338 — 404-394-2614
(Mailing Address) — Daytime Telephone

9

MAY 13 1993
MC
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State: Georgia, District: 04	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL — John Linder

DATE (Month, Day, Year) May 14, 1993

Reporting Individual's Name

John Linder

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Linder Financial Corporation	Salary	$100,000.
	Linder Financial Corporation	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

1980

Reporting Individual's Name

John Linder

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	NONE			

This page may be copied if more space is required.

1981

Reporting Individual's Name: John Linder

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None"

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S ABC Corporation Stock				X								X									X									X
George Wash. Credit Union Accounts					X									X									X							
182 Main Street, Dover, Delaware						X							X									X								
Linder Financial Corporation										X		X														X				
Linder Financial Corporation														X										X						
Professional Funding Corp.							X					X													X					
Grayling Industries, Inc.									X										X											
Profit Sharing									X										X											
S Profit Sharing						X													X											

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John Linder

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)										
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S	Cedarwild Resort						X						X													X			
JT	Crestmark, Ltd. Partnership (34.98 acre tract on Thornbon Rd. ATl, GA)			X															X										
	Trademark Licensing, Inc. (owns trademarks)			X								X											X						
	IRA (divided among Dodge & Cox, Nicholas Fund, IAI Fund, Janus Fund)			X															X										
S	IRA (divided among Dodge & Cox, Nicholas Fund, IAI Fund, Janus Fund)			X															X										

Schedule III – Continuation

1983

Reporting Individual's Name: John Linder

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	NONE											

1984

Reporting Individual's Name

John Linder

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, D, J	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	NONE								

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Reporting Individual's Name

John Linder

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
NONE							

This page may be copied if more space is required.

1986

Reporting Individual's Name
John Linder

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
President	Linder Financial Corporation (resigned 12-31-92)
President	Professional Funding Corporation (resigned 12-31-92)
Limited Partner	Crestmark Partnership
President	Trademark Licensing, Inc. (resigned 12-31-92)
Profit Sharing	Trustee (resigned 12-31-92)

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1988 [illegible]

1987

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 13 PM 4:38
OFFICE OF PUBLIC RECORD

MC (9)

HAND DELIVERED
(Office Use Only)

William Oliver Lipinski
(Full Name)

6242 West 59th Street
(Mailing Address)

Chicago, Illinois 60638

Daytime Telephone: (202) 225-5701

Filer Status	[X] Member of the U.S. House of Representatives	State: Illinois District: 03	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange an, reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL William O. Lipinski	**DATE (Month, Day, Year)** May 13, 1993

1988

Reporting Individual's Name
William O. Lipinski

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Rose Marie Partners	Building Management	$2400
	23 Ward Committeeman	Chairman, Local Democratic Party	$6,000
	University of Illinois	Spouse Salary	n/a

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

1989

Reporting Individual's Name
William O. Lipinski

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	Allstate Insurance Company	Speech	August 17, 1992	$1,000
	Allstate Insurance Company	Speech	August 17, 1993	$1,000

This page may be copied if more space is required.

1990

Reporting Individual's Name
William O. Lipinski

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Example:	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X									X							
JT	Rose Marie Partners Building								X						X										X						
	5838 South Archer Avenue Chicago, Illinois Cook County																														
JT	Standard Federal S & L Accounts						X									X								X						
JT	Polish National Alliance				X											X						X									
JT	Archer Heights Credit Union				X											X						X									
	Chicago Park District Retirement Fund						X								NA						X										

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: William O. Lipinski

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
JT	Savings of America (58th & Pulaski)			X										X						X								
S	IRA - Superior Bank				X									X						X								
	IRA - Superior Bank				X									X						X								

Schedule III – Continuation

1992

Reporting Individual's Name: William O. Lipinski

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

		Type of Transaction (X)				Amount of Transaction							
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				

Reporting Individual's Name
William O. Lipinski

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Argo Savings and Loan	Mortgage on 5838 South Archer Avenue, Chicago, Illinois		X					

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
William O. Lipinski

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	Aspen Institute	Aug. 22-28	Chicago-Vienna-Chicago	Y	Y	Spouse	N
	Aspen Institute	Jan. 10-14	Chicago-Montego Bay-Chicago	Y	Y	Spouse	N

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Reporting Individual's Name
William O. Lipinski

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
23 Ward Committeeman	23rd Ward Democratic Organization

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 28.

Date	Parties To	Terms of Agreement

GPO: 1992 60-334A (pn)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF PUBLIC RECORDS & REGISTRATION
1993 MAY 17 AM 8 02

ROBERT L. LIVINGSTON
(Full Name)

2368 Rayburn House Office Building (202) 225-3015
(Mailing Address) Daytime Telephone

Washington, D.C. 20515

9

INSIDE MAIL

MC (Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: Louisiana District: 1st	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach "Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Personal Residences	Yes [X]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Robert L. Livingston

DATE (Month, Day, Year): 5/12/93

1997

Reporting Individual's Name

R. Livingston

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NONE		0

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

1998

Reporting Individual's Name

R. Livingston

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	NONE			0

This page may be copied if more space is required.

1999

Reporting Individual's Name
R. Livingston

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)									BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									Block D
			You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X							X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X							X								X							
JT	2 personal homes (excluded)																													
JT	IRA - Waters Parkerson and Kehoe Account (Merged)						X																							X
JT	1/3 interest lot in Lacombe				X																									
S	Wife's Louisiana Bankshares*				X																									
S	3/4 acre, Pointe Coupee, LA* wife's 1/5 mineral interest				X										X								X							
S	Raceland, Louisiana wife's 6 acres farmland*						X								X								X							

For additional assets and unearned income, use next page

2000

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: R. Livingston

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
DC	Trust for children			X																									
JT	Kehoe Account (merged with IRA)				X									X							X								X
JT	Merrico Oil Limited Partnership			X																									
JT	(Home Repair) W.P. Credit Union Savings Acct.				X															X									X
	(*wife's assets constitute corpus of trust for children)																												
JT	Manassas, Virginia 1/5 ownership, house and lot				X								X								X								X
JT	Somatogen, Inc. Stock	X																											X
JT	Rhea - Ratite			X																									
JT	1/7 Condo Trust, Washington, DC			X									X							X									X

2001

Reporting Individual's Name
R. Livingston

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
JT	Somatogen, Inc. Stock		X		1/23/92	X						
JT	Merged Kehoe Account with IRA (Waters Parkerson)			X	5/6/92							
JT	Manassas, VA, 1/5 ownership, House and Lot		X		6/6/92		X					
JT	1/7 Condo Trust, Washington, D.C.	X			8/12/92	X						

2002

Reporting Individual's Name
R. Livingston

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Mortgages on Personal Residences (excluded)								

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Reporting Individual's Name
R. Livingston

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	New Orleans Chamber of Comm.	11/13	Washington, D.C. - San Jose, CA - Wash. DC	N	Y	None	None

This page may be copied if more space is required.

2004

Reporting Individual's Name
R. Livingston

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Director	Center for Democracy (None-profit foreign police institute)

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO: 1998 98-335A (94)

2005

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

9

1993 MAY 17 AM 8:02
CLERK'S OFFICE
U.S. HOUSE OF REPRESENTATIVES

INSIDE MAIL

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(Office Use Only)

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OFFICE OF RECORDS & REGISTRATION
1993 MAY 28 AM 7:47
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
INSIDE MAIL

2006

ROBERT L. LIVINGSTON
(Full Name)

2368 Rayburn House Office Building (202) 225-3015
(Mailing Address) Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State Louisiana District 1st	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[✓] Amendment	[ ] Termination	Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No	Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	[ ]	[X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	[ ]	[X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	[ ]	[X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	[X]	[ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	[X]	[ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	[X]	[ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	[X]	[ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	[ ]	[X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	[ ]	[X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See instructions, page 10.)	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) Personal Residences	[X]	[ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month, Day, Year) 5/12/93

R. Livingston

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NONE		0

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

2007

R. Livingston

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Member filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	NONE			0

This page may be copied if more space is required.

Schedule II

2008

Reporting Individual's Name
R. Livingston

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock		X									X									X									X
		George Wash. Credit Union Accounts				X									X									X							
		182 Main Street, Dover, Delaware					X							X									X								
JT	2 personal homes (excluded)																														
JT	IRA - Waters Parkerson and Kehoe Account (Merged)						X																								X
JT	1/3 interest lot in Lacombe			X																X											217
S	Wife's Louisiana Bankshares*			X											X						X										217
S	3/4 acre, Pointe Coupee, LA* wife's 1/5 mineral interest			X										X								X									
S	Raceland, Louisiana wife's 6 acres farmland*					X								X								X									

For additional assets and unearned income, use next page

2009

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: R. Livingston

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
DC	Trust for children			X																								
JT	Kehoe Account (merged with IRA)				X									X						X								X
JT	Merrico Oil Limited Partnership			X														X										
JT	(Home Repair) W.P. Credit Union Savings Acct.				X									X					X									X
	(*wife's assets constitute corpus of trust for children)																											
JT	Manassas, Virginia 1/5 ownership, house and lot				X								X							X								X
JT	Somatogen, Inc. Stock	X																X										X
JT	Rhea - Ratite			X														X										X
JT	1/7 Condo Trust, Washington, DC			X									X						X									X
JT	Ed Jones & Co. CMA Acct.			X										X					X									X

Schedule III—Continuation

2010

Reporting Individual's Name
R. Livingston

SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

	S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
		Example: ABC Corporation Common Stock	X			10-12-92			X				
S	JT	Somatogen, Inc. Stock		X		1/23/92	X						
E	JT	Merged Kehoe Account with IRA (Waters Parkerson)			X	5/6/92							
S	JT	Manassas, VA, 1/5 ownership, House and Lot		X		6/6/92		X					
P	JT	1/7 Condo Trust, Washington, D.C.	X			8/12/92	X						
	JT	AMCL - RATIFE	X			6-5-92	X						
	[redacted]	PUTNAM VISTA MUTUAL FUND		X		10-30-91	X						
	JT	FIDELITY PURITAN MUTUAL FUND		X		10-30-91	X						

R11
R11
R11

Schedule IV

2011

Reporting Individual's Name
R. Livingston

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Mortgages on Personal Residences (excluded)								

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Reporting Individual's Name
R. Livingston

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	New Orleans Chamber of Comm.	11/13	Washington, D.C. - San Jose, CA - Wash. DC	N	Y	None	None

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2013

Reporting Individual's Name
R. Livingston

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Director	Center for Democracy (None-profit foreign police institute)

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO: 1992 [illegible]

2014

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 17

Marilyn L. Lloyd
(Full Name)

2406 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: (202)225-3271

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State: Tennessee District: 3	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

mc
(Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.) The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	**DATE (Month, Day, Year)** 5/12/93

2015

Reporting Individual's Name

Marilyn L. Lloyd

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

2016

Reporting Individual's Name

Marilyn L. Lloyd

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	None			

This page may be copied if more space is required.

2017

Reporting Individual's Name

Marilyn L. Lloyd

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S		ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
			American International Group, Inc. - Common Stock			X							X								X									
			Bristol Myers Squibb Co. - Common Stock				X						X									X								
			General Mills - Common Stock				X						X									X								
			Halliburton Co. - Common Stock			X							X									X								
			Panhandle-Eastern - Common Stock			X							X									X								
			Pepsico - Common Stock				X						X								X									

For additional assets and unearned income, use next page

2018

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Marilyn L. Lloyd

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	R.R. Donnelley & Sons, Co. - Common Stock				X							X									X								
	Tyco Laboratories - Common Stock			X								X								X									
	Time Warner Conv. Pref'd Stock				X							X										X							
	Masco Corp. Sub. Conv. Deb. 5.25%				X									X								X							
	Browning-Ferris Ind. - Conv. Deb. 6.25%				X									X								X							
	Metro Nash Dav. Co. Municipal Bonds 7.125 %				X									X								X							
	U.S. Treasury Notes				X									X								X							
	Metropolitan Life Insurance-Annuity				X																								
	Merrill Lynch CMA Fund			X										X							X								
	Merrill Lynch CMA Fund-IRA		X											X						X									
	Congressional Federal Credit Union		X											X						X									
	Montana Power Co.-Common Stock			X								X								X									
	Proctor & Gamble-Common Stock			X								X								X									
	AmSouth BanCorp.-Common Stock			X								X									X								Purchased
	Chrysler Corp. - Common Stock			X								X								X									Purchased

2019

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name: Marilyn L. Lyoyd

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	E.I. Dupont DeNemours-Common Stk			X								X									X								Purchased
	P.P.G. Industries - Common Stock			X								X									X								Purchased
	Weyerhaeuser Co. - Common Stock			X								X									X								Purchased
	Mexico Fund, Inc.- Mutual Fund			X								X								X									Purchased

2020

Reporting Individual's Name

Marilyn L. Lloyd

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	E.I Dupont DeNemours - Common Stock	X			1/31/93	X						
	Weyerhaeuser Co. - Common Stock	X			1/31/93	X						
	AmSouth BanCorp - Common Stock	X			4/29/93	X						
	Chrysler Corp. - Common Stock	X			4/29/93	X						
	Mexico Fund, Inc. - Mutual Fund	X			4/29/93	X						
	P.P.G. Industries, Inc. - Common Stock	X			4/29/93	X						

2021

Reporting Individual's Name

Marilyn L. Lloyd

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

SP DEP	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	None								

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

2022

Reporting Individual's Name

Marilyn L. Lloyd

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6–13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	Martin Marietta Corp. (travel provided in connection with a speaking engagement in Oak Ridge, TN)	June 29th	Knoxville, TN (closest airport to Oak Ridge) - Washington, D.C.	N	N	None	N

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2023

Reporting Individual's Name
Marilyn L/ Lloyd

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
	None

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 28.

Date	Parties To	Terms of Agreement
	None	

GPO: 1988 — 55-524A (pg)

2024

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 17

WILLIAM ROBERT FOWLER - SPOUSE OF MARILYN LLOYD
(Full Name)

6854 HOWARD ADAIR ROAD, CHATTANOOGA, TENNESSEE 37416 (615) 344-3906
(Mailing Address) Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: TN District: 3RD	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

HAND DELIVERED
(Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL — **DATE (Month, Day, Year)**

William Robert Fowler

2025

Reporting Individual's Name

WILLIAM ROBERT FOWLER - SPOUSE

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. ARMY	SPOUSE SALARY	$8,867

For payments to charity in lieu of honoraria, use Schedule II

Page ___ of ___

Schedule I

2026

Reporting Individual's Name
WILLIAM ROBERT FOWLER - SPOUSE

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
NONE				

This page may be copied if more space is required. Page ___ of ___ Schedule II

2027

Reporting Individual's Name

WILLIAM ROBERT FOWLER - SPOUSE

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	CASH - PIONEER BANK			X																									
	M. F. SUN LIFE ANNUITY							X																					
	C E M CORP. - COMMON STOCK				X							X							X										
	CHARLOTTE, NC PIEDMONT AVIATION																												
	INC. BONDS					X								X								X							
	BAYPORT RESTAURANT GROUP, INC. COM. STOCK		X									X							X										

For additional assets and unearned income, use next page

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: WILLIAM ROBERT FOWLER - SPOUSE

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
RETIREMENT ACCOUNT								X			N/A																
CASH VALUE OF LIFE INSURANCE							X				N/A																
RESIDENCE, CHATTANOOGA, TN								X			N/A																
CONDOMINIUM, FLORIDA								X			N/A																
PIONEER BANK - COMMON STOCK					X						X										X						
THE AMERICAN RUG CRAFTSMEN, INC.								X			X																
WILSON COUNTY, TN BONDS					X								X								X						
METRO NASHVILLE DAVIDSON COUNTY BONDS					X								X								X						
FIRST CHATTANOOGA FIN. CORP. COM. STK.							X				X										X						
GLAXCO HOLDINGS PLC SPRS ADR COMMON STOCK					X						X									X							
ICH CP CV EXCHPRA COMMON STOCK 1986				X							X										X						
SARA LEE CORP. COMMON STOCK			X								X							X									
LAND AND COMMERCIAL BUILDING 1/2 INTEREST					X							X											X				
SCHERING PLOUGH CORP. COMMON STOCK							X				X												X				
BOEING CORP. COMMON STOCK					X						X										X						

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: WILLIAM ROBERT FOWLER - SPOUSE

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	FORD MOTOR COMPANY COMMON STOCK			X								X								X									
	CRYOTECH, INC.		X									X							X										
	CRACKER BARREL OLD COUNTRY STORE																												
	COMMON STOCK				X							X								X									
	KRYSTAL CO. COMMON STOCK		X									X							X										
	ROBERTS PHARMACEUTICAL COMMON STOCK								X			X							X										
	CARRIAGE INDUSTRIES, INC. COM. STOCK			X								X								X									
	R S FINANCIAL CORP. COMMON STOCK				X							X								X									
	INFORMIX CORP. COMMON STOCK			X								X							X										

Reporting Individual's Name

WILLIAM ROBERT FOWLER - SPOUSE

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	LAND		X									X
	CHEVRON COMMON STOCK		X				X					
	R S FINANCIAL COMMON STOCK		X			X						
	WAL-MART COMMON STOCK	X					X					
	WAL-MART COMMON STOCK		X					X				
	H C A HOSPITAL CORP. OF AMERICA COMMON STOCK	X					X					
	H C A HOSPITAL CORP./OF AMERICA COMMON STOCK		X				X					
	L L & E ROYAL TRUST COMMON STOCK	X				X						
	L L & E ROYAL TRUST COMMON STOCK		X			X						
	CARRIAGE INDUSTRIES COMMON STOCK		X				X					
	SHAW INDUSTRIES COMMON STOCK	X						X				
	SHAW INDUSTRIES COMMON STOCK		X					X				
	CRACKER BARREL OLD COUNTRY STORE COMMON STOCK	X				X						
	KRYSTAL COMPANY COMMON STOCK	X				X						
	ROBERTS PHARMACEUTICAL COMMON STOCK	X					X					

Schedule IV

Reporting Individual's Name
WILLIAM ROBERT FOWLER - SPOUSE

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name

WILLIAM ROBERT FOWLER - SPOUSE

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	NONE						

This page may be copied if more space is required. Page ____ of ____ Schedule VII

Reporting Individual's Name
WILLIAM ROBERT FOWLER - SPOUSE

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
DIRECTOR	ROBERTS PHARMACEUTICAL CO.

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1992 — 96-336A (pm)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

(4)

RECEIVED
1993 MAY 17 AM 11:59
CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only)

2035

Jill Lynette Long
(Full Name)

1513 Longworth House Office Building
(Mailing Address)

202/225-4436
Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: IN District: 4	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Jill L Long	May 17, 1993

Reporting Individual's Name: Jill Lynette Long

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Example: S ABC Corporation Stock			X								X									X								X
	Example: George Wash. Credit Union Accounts				X									X									X						
	Example: 162 Main Street, Dover, Delaware					X							X									X							
JT	U.S. Savings Bonds			X																									
	U.S. Savings Bonds			X																									
	80-Acre Farm 6439 West 900 North Larwill, IN 46764						X												X										

For additional assets and unearned income, use next page

Schedule III

Reporting Individual's Name: Jill Lynette Long

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, SP, DC	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Society Bank of Goshen, Indiana	Mortgage on 6439 W. 900 N.		x					
	NBD Bank (Formerly Gainer Bank)	Mortgage on 6439 W. 900 N.		x					
	Bank of Geneva, Indiana	Mortgage on 81 acres, Sec 18, Twp 33, Rng. 8, Noble Co., IN			x				

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
Jill Lynette Long

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Dean's Advisory Council	College of Business Administration, Valparaiso University, Valparaiso, IN

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1983 58-838A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 17

(8)

HAND DELIVERED

Mc (Office Use Only)

2039

NITA M. LOWEY
(Full Name)

105 Beverly Road (914) 428-1707
(Mailing Address) Daytime Telephone

Rye, NY 10580

Filer Status	[X] Member of the U.S. House of Representatives	State: New York District: 18	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependant child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (*See* 5 U.S.C app 6, § 104 and 18 U.S.C § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Nita M Lowey	**DATE (Month, Day, Year)** 5-17-93

Reporting Individual's Name
NITA M. LOWEY

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Lowey Dannenberg Bemporad & Selinger, P.C.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

2040

Reporting Individual's Name
NITA M. LOWEY

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
JT	CITIBANK, N.A.					X									X									X						
JT	CHEMICAL BANK				X										X								X							
JT	CITIBANK LANDMARK FUND								X				X													X				
JT	U.S. TREASURY NOTES AND BILLS										X				X												X			
	U.S. TREASURY NOTES AND BILLS								X						X										X					
	ALBANY COUNTY NY BONDS			X											X							X								

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: NITA M. LOWEY

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
	MTA NY BONDS		X											X						X									
	MAC BONDS				X									X						X									
	NASSAU COUNTY NY BONDS				X									X								X							
	NY POWER AUTHORITY BONDS		X											X						X									
	TRIBOROUGH BR. & TUNNEL AUTH. BDS.					X								X										X					
S	EGS PARTNERS						X					X		X	X														
S	P. OPPENHEIMER INVESTMT. PTNSP.				X										X														
S	TOYS 'R US STOCK		X																										
S	MCO RESOURCES NOTE					X								X								X							
S	PRUDENTIAL MONEY MART		X									X								X									
S	MULTIMEDIA CORP. STOCK				X																								
S	EM NEW YORK PROPERTIES	X																											
S	BRANDON DRILLING PARTNERSHIP	X																DISTRIB-UTION	X										
S	INTERIM FUND PARTNERSHIP	X																											
S	PHYSICIANS PHARMACEUTICAL STOCK	X																											

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: NITA M. LOWEY

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	LOWEY DANNENBERG BEMPORAD & SELINGER, P.C.									X																		
	NEW YORK STATE BONDS				X																							X
	WESTCHESTER COUNTY BONDS			X																								X
S	HOMESTYLE BUFFET STOCK			X																								X
S	LOWEY DANNENBERG BEMPORAD & SELINGER PROFIT SHARING PLAN								X																			
S	IRA KAUFMANN FUND					X																						
S	IRA TWEEDY BROWNE						X																					
	IRA SHEARSON LEHMAN			X																								
	NYS RETIREMENT PLAN					X																						
	NYS DEFERRED INCOME PLAN				X																							
S	BESSEMER COUNTY ALABAMA BONDS			X										X						X								
S	LEE COUNTY FLORIDA BONDS			X										X						X								
	HARRISON NEW YORK BONDS				X									X							X							
S	MABON SECURITIES (Temporary)				X									X						X								
S	TNP ENTERPRISES BONDS					X								X						X								

Reporting Individual's Name

NITA M. LOWEY

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY. YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
J	GILDER GAGNON & CO. MANAGED ACCOUNT			*	12-16-92							
S	AMERICAN EXPRESS STOCK			*	12-16-92							
S	INDUSTRIAL ACOUSTICS STOCK			*	12-16-92							
S	WHITMAN CORP. STOCK			*	12-16-92							
S	PET STOCK			*	12-16-92							
S	BESSEMER COUNTY ALABAMA BONDS	X				X						
S	LEE COUNTY FLORIDA BONDS	X				X						
S	MABON SECURITIES (Temporary)	X					X					
	HARRISON NY BONDS	X					X					
S	TNP ENTERPRISES BONDS	X					X					
S	HARRIS CORP. STOCK		X		1-15-92	X						

* TRANSFERRED TO LOWEY CHILDREN IRREVOCABLE TRUST, ESTABLISHED ON 12/16/92 FOR BENEFIT OF NON-DEPENDENT CHILDREN.

Reporting Individual's Name

NITA M. LOWEY

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

Positions	Name of Organization
Member, Board of Directors	Close-Up Foundation
Member, Board of Directors	Effective Parenting Information for Children, Downstate NY Region
Member, Board of Directors	Windward School
Member, Advisory Council	Westchester Chapter of the American Jewish Committee
Member, Board of Directors	Westchester Jewish Conference
Member, Board of Directors	Westchester Community Opportunity Program

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1992 90-538A (m)

Reporting Individual's Name

NITA M. LOWEY

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

Positions	Name of Organization
Member, National Committee	The Police Corps
Member, Advisory Committee	Westchester Legal Awareness for Women

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1992 99-835A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
APR 21 AM 7:55

8

INSIDE MAIL
(Office Use Only)

(Full Name)	ALFRED A. McCANDLESS
(Mailing Address)	2422 Rayburn HOB
	Washington, DC 20515
Daytime Telephone	(202) 225-5330
Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 44 — [ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes	[ ]	No	[X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes	[ ]	No	[X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes	[X]	No	[ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes	[X]	No	[ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes	[ ]	No	[X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10)	Yes	[X]	No	[ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes	[X]	No	[ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Alfred A. McCandless

DATE (Month, Day, Year) April 20, 1993

2047

Reporting Individual's Name
ALFRED A. McCANDLESS

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	CALIFORNIA PUBLIC EMPLOYEES RETIREMENT SYSTEM	PENSION	$7,187.00

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

2048

Reporting Individual's Name
ALFRED A. McCANDLESS

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
NONE				

This page may be copied if more space is required.

Schedule II

Reporting Individual's Name

ALFRED A. McCANDLESS

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		162 Main Street, Dover, Delaware					X							X									X							
	BANKAMERICA CORP. (formerly SECPAC Corp.)						X						X										X							
	GLASS FINANCIAL CORP.								X						X										X					PURCHASED
	AMERICAN SAVINGS BANK					X									X									X						

For additional assets and unearned income, use next page

Reporting Individual's Name

ALFRED A. McCANDLESS

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	GLASS FINANCIAL CORP.	X			1/1/92					X		

Reporting Individual's Name
ALFRED A. McCANDLESS

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	NONE								

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Reporting Individual's Name

ALFRED A. McCANDLESS

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
NONE							

This page may be copied if more space is required.

Reporting Individual's Name
ALFRED A. McCANDLESS

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

Positions	Name of Organization
NONE	

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1992 [illegible]

2054

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 17 AM 10: 37
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(5) HAND DELIVERED
MC
(Office Use Only)

Frank McCloskey
(Full Name)

P.O. Box 7
(Mailing Address) Daytime Telephone

Smithville, Indiana 47458

Filer Status	[X] Member of the U.S. House of Representatives — State: Indiana District: 8	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [ ]	No [X]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Frank McCloskey	DATE (Month, Day, Year): May 14, 1993

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Reporting Individual's Name

Frank McCloskey

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Council For Early Childhood Professional Recognition, Washington, D.C.	Spouse Salary	

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

2056

Reporting Individual's Name

Frank McCloskey

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	Direct Marketing Association, Washington, D.C.	Speech	February 12, 1992	$1500.00
	Mail Advertising Services Assn., Alexandria, VA	Speech	May 31, 1992	$ 500.00

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2057

Reporting Individual's Name: Frank McCloskey

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Wright Patman Congressional Credit Union	Loan	X						
	Indiana University Credit Union	Loan	X						

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calender year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name: Frank McCloskey

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Mail Advertising Serv. Assn.	May 28-June 1	Indpls-Sacremento-San Fran-Indpls (Mrs. McCloskey)	Y	Y	Spouse	2 days
			DC-Sacremento-San Fran-DC (Frank McCloskey)	Y	Y		2 days

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

Bill McCollum a/k/a Ira William McCollum, Jr.
(Full Name)

600 Thistlewood Court, Longwood, Florida 32779 (202)225-2176
(Mailing Address) Daytime Telephone

Filer Status	[X] Member of the U S House of Representatives	State Florida District 8th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

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PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e g , salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended (5 U S C app 6, § 101 et seq) The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, § 104 and 18 U S C § 1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Bill McCollum	May 10, 1993

2060

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	Fannie Mae (Federal National Mortgage Association)	speech	June 23, 1992	$2,000
	Conference of State Bank Supervisors	speech	Nov. 20, 1992	$2,000

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Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X							X
			George Wash. Credit Union Accounts				X								X					
			182 Main Street, Dover, Delaware					X						X						
	40 acres real property, Hernando County, Florida (60% interest)							X				good faith estimate							no income from it	
	Barnett Bank accounts					X									X					
	Eubanks, Hilyard, et al, P.A. Profit Sharing Plan							X					X		X	X				
	IRA - Vanguard Fiduciary Trust Prime Portfolio					X							X							
DC	SunTrust Stock						X						X							
	Oak Industries Stock						X												no income	

Block A	Block B Year End Value (X)	Block C Type of Income (X)	Block C Other Income (Specify type)	Block C Category of Amount of Income (X)	Block D Transaction (X)
ABC Corporation Stock	B $1,001 - $15,000	DIVIDENDS		I None; II Less than $201; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X over $1,000,000	X
George Wash. Credit Union Accounts	C $15,001 - $50,000	INTEREST			
182 Main Street, Dover, Delaware	D $50,001 - $100,000	RENT			
40 acres real property, Hernando County, Florida (60% interest)	D $50,001 - $100,000	good faith estimate	no income from it		
Barnett Bank accounts	B $1,001 - $15,000	INTEREST		II $201 - $1,000	
Eubanks, Hilyard, et al, P.A. Profit Sharing Plan	D $50,001 - $100,000	DIVIDENDS; INTEREST; CAPITAL GAINS		V $2,501 - $5,000	
IRA - Vanguard Fiduciary Trust Prime Portfolio	B $1,001 - $15,000	DIVIDENDS		I Less than $201	
SunTrust Stock	C $15,001 - $50,000	DIVIDENDS		II $201 - $1,000	
Oak Industries Stock	C $15,001 - $50,000		no income		

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Quixote Corp. Stock	X													X						X							X
AST Research Jan 17½ call options	X													X						X							X
Costco Wholesale Corp. Jan 22½ call	X													X						X							X
options																											
Micropolis Corp. Stock				X												no income											X
American Exploration Co. Stock			X													no income											X
Computer Network Technology Stock			X													no income											
Waban Inc. Stock	X													X							X						X
American Software Stock			X								X							X									X

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	AST Research Jan 17½ call options		X		1-17-92	X						
	Quantum Corp. Mar 17½ call options	X			2-18-92	X						
	Quixote Corp. Stock		X		8-11-92	X						
	Micropolis Nov 7½ call options	X			10-13-92	X						
	Micropolis Nov 7½ call options		X		11-13-92	X						
	Costco Wholesale Corp. Jan 22½ call options	X			12-24-92	X						
	Costco Wholesale Corp. Jan 22½ call options		X		12-2[illegible]-92	X						
	Micropolis Corp. Stock	X			7-21-92 & 10-21-92		X					
	American Exploration Co. Stock	X			1-9-92	X						
	Waban Inc. Stock		X		4-10-92	X						
	Builders Transport Inc. Stock	X			7-20-92	X						
	Builders Transport Inc. Stock		X		8-11-92	X						
	American Software Inc. Stock	X			1[illegible]-9-92	X						

2064

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Florida State University College of Law	Feb. 6-7	Wash, D.C. - Tallahassee - Orlando.	Y	Y	none	N
	National Association of Broadcasters	Feb. 16-17	Orlando - Miami - Orlando	Y	Y	none	N
	Okaloosa County Republican Club	Feb. 21-22	Wash., D.C. - Ft. Walton Beach - Orlando	Y	Y	none	N
	American Israel Public Affairs Committee	Feb. 23	Orlando - Ft. Lauderdale - Orlando	N	Y	none	N
	Conference of State Bank Supervisors	Nov. 20-22	Orlando - San Diego - Orlando	Y	Y	none	N

This page may be copied if more space is required.

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
President	Bill McCollum Intern Program, Inc. (non profit for high school students)
President	Committee on Limiting Terms, Inc. (non profit educational)
President	Committee on Limiting Terms Lobby, Inc. (non profit educational)
Honorary Board Member & Chairman	Missing Children Billboard Campaign, Inc. (non profit charity)

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement
1-3-81	There is no written or formal agreement, but my former law firm and its successor, Eubanks, Hilyard, et al, P.A., have allowed me to keep the principal accumulated before my employment terminated in the firm's profit sharing plan and to share proportionately in the earnings of the plan.	

GPO: 1988 [illegible]

2066

BILL McCOLLUM
8TH DISTRICT FLORIDA

VICE CHAIRMAN
REPUBLICAN CONFERENCE
COMMITTEE ON
BANKING FINANCE AND
URBAN AFFAIRS
COMMITTEE ON
THE JUDICIARY

Congress of the United States
House of Representatives
Washington, DC 20515-0908

2266 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON DC 20515-0908
(202) 225-2176

DISTRICT OFFICE
SUITE 650
805 EAST ROBINSON STREET
ORLANDO FL 32801
(407) 872-1962
TOLL FREE FROM KISSIMMEE
931-3422

93

May 18, 1993

INSIDE MAIL

1

MC

RECEIVED
MAY 26 AM 7:40

Office of the Clerk
Records and Registration
Room 1036
Longworth House Office Building
Washington, D.C. 20515

Re: 1992 Financial Disclosure Statement
Bill McCollum a/k/a Ira William McCollum, Jr.

Gentlemen:

This letter is advise that regarding the purchase of Quantum Corporation call options of 2/18 no transaction or sale was executed because they expired "worthless" during the third week of March, 1992.

Should you have any questions regarding this, please do not hesitate to contact me.

Sincerely,

BILL McCOLLUM
Member of Congress

/m
cc: Mr. Charles Willoughby
Committee on Standards of Official Conduct

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 11 AM 7:44

Jim McCrery
(Full Name)

225 CANNON HOB, WASHINGTON DC 20515 202-225-2777
(Mailing Address) Daytime Telephone

(5)

INSIDE MAIL

MC (Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State LA District 5	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Jim McCrery

DATE (Month, Day, Year): 5-10-93

2068

Reporting Individual's Name

Jim McCrery (LA-5)

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Willis Knighton Hospital, Shreveport, LA	Spouse part-time salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Jim McCrery (LA-5)

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
XYZ Magazine	Article	Aug. 13, 1992	$500
U.S. Tobacco, (based) Wash DC	Speech & Conf.	Feb 10th	$2000

This page may be copied if more space is required.

Schedule II

2070

Reporting Individual's Name
Jim McCrery (LA-5)

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)										Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000			DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X									X							
	IRA, Commercial Natl. Bank, Shreveport LA					X																									

For additional assets and unearned income, use next page

2071

Reporting Individual's Name
Jim McCreery (LA-5)

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	U.S. Tobacco	Feb 9-11	DC - Palm Bch, FL - DC	Y	Y	Spouse	N
	Philip Morris Corp.	Aug 12-13	Shreveport, LA to Texarkana, Ark to Shreveport, LA	N	Y	Spouse	N
	Congressional Institute	Dec 4-6	DC to Williamsburg, VA to DC	Y	Y	Spouse	N

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

1993 MAY 17

HAND DELIVERED

Dave McCurdy
(Full Name)

2344 Rayburn House Office Building (202) 225-6165
(Mailing Address) Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: OKLA District: 4th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

MC (Office Use Only)

2073

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended (5 U S C app 6, § 101 et seq.) The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the report may be subject to civil and criminal sanctions (See 5 U S C app 6, § 104 and 18 U S C § 1001)

SIGNATURE OF REPORTING INDIVIDUAL Dave McCurdy

DATE (Month, Day, Year) 5/15/93

Reporting Individual's Name
McCurdy

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Pamela M. McCurdy, M.D. - Psychiatrist Private Practice	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

2074

Reporting Individual's Name
Dave McCurdy

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	Brookings Institute, Wash. D.C.	Speech	June 24, '92	$400

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2075

Reporting Individual's Name: McCurdy

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X										X					
			182 Main Street, Dover, Delaware					X						X									X							
J T	Natl. Multisector Fixed Income Fund, 2 Pickwick Plaza Greenwich, CT 06830					X							X			X							X							

For additional assets and unearned income, use next page

2076

Reporting Individual's Name

Dave McCurdy

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Minnesota Public Radio	Feb.8-9	Ok.City-Des Moines-Wash.,D.C.	Y	Y	None	N
	FMC	3/15	Chicago - Wash, D.C.	Y	Y	daughter	N

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

(26)

1993 MAY 17 PM 2 48

Joseph Michael McDade
(Full Name)

2370 Rayburn HOB
(Mailing Address)

Washington, D.C. 20515 — Daytime Telephone: 202-225-3731

Filer Status	[X] Member of the U.S. House of Representatives — State: PA District: 10		[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

HAND DELIVERED

MC

(Office Use Only)

2078

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [X]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL — **DATE (Month, Day, Year)**: May 13, 93

Reporting Individual's Name

Joseph McDade

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	Philip Morris Companies	Speech	July 29,1992	$2,000

This page may be copied if more space is required.

Reporting Individual's Name
Joseph McDade

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
	Paris Business Forms				X															X										
JT	Congressional Credit Union Accts					X									X								X							
JT	307 Clark Ave. Clarks Summit PA (half home/half rented)							X						X											X					
JT	2 Westridge Road Cooperstown, NY 13326							X						X											X					
	Dean Witter Funds (IRA)				X								X							na										X
	Spartan Lmtd Maturity Gov.(IRA)					X							X			X				na										X

For additional assets and unearned income, use next page

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SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Joseph McDade

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	Fidelity Balanced Fund (IRA) Rollover IRA					x						x			x				na										x
	Fidelity Asset Manager (IRA) Rollover IRA					x						x			x				na										x
	Lindner Dividend Fund (IRA)			x								x			x				na										x
S	Vanguard Specialized Health Mutual Fund (IRA)			x								x			x				na										x
JT	Vanguard PA Tax-Free Money Market Fund				x							x									x								
JT	Vanguard Short-Term Corporate Mutual Fund						x					x			x						x								x
JT	Vanguard GNMA Portfolio Mutual Fund						x					x			x									x					
	Land-AvocaPA 2-2-350 .80 acres																												
	Land-DuPontPA 15-1002 19 acres			x									x										x						
	Mortgage on Land, Luzerne CntyPA (X)						(X)											No income from mortgage	(X)										
	Billboard on mortgaged land (Y)												(Y)					Income is from Billboard on mortgaged land						(Y)					

Schedule III – Continuation

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Reporting Individual's Name: Joseph McDade

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
JT	U.S.Treasury Bill-Reinvested 4-30-92		X		10-29-92				X			
JT	U.S.Treasury Bill-Reinvested 3-12-92		X		6-11-92		X					
JT	Vanguard Short-Term Corporate Mutual Fund	X			12-15-92				X			
	Dean Witter Liquid Asset IRA rolled over to Washington Federal IRA		X		5-08-92	X						
	2 Congressional Credit Union IRAs rolled over to Washington Federal IRA		X		5-12-92	X						
	Washington Federal IRA		X		10-02-92		X					
	Spartan Limited Maturity Government Mutual Fund - IRA	X			10-22-92		X					
	Lindner Dividend Fund - IRA	X			10-22-92	X						
	Spartan Ginnie Mae Fund - IRA		X		9-9-92				X			
	Fidelity Balanced Fund - IRA	X			9-9-92			X				
	Fidelity Asset Manager - IRA	X			9-9-92			X				
S	Congressional Credit Union IRA		X		5-4-92	X						
S	Vanguard Health Care Mutual Fund - IRA	X			5-4-92	X						

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Reporting Individual's Name
Joseph McDade

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Northeastern Bank of PA - Scranton PA	Equity Loan on 307 Clark Ave,Clarks SummitPA	x						
	PNC Mortgage Servicing Co. Louisville, Kentucky	Mortgage on 307 Clark Ave. Clarks Summit, PA		x					

SCHEDULE VI—GIFTS

see attached report from Joseph M.McDade Legal Defense Fund

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
Joseph McDade

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Trustee	Kennedy Center for the Performing Arts (uncompensated)
"	Keystone Junior College, LaPlume, Pennsylvania (uncompensated)
"	Fords Theatre (uncompensated)
Regent	Smithsonian Institution
Trustee	Guthrie Healthcare Systems,Sayre,PA (formerly reported as Robert Packer Hospital)
	(uncompensated)

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1992 90-434A (m)

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JOSEPH M. MCDADE LEGAL DEFENSE FUND

NORTHEASTERN BANK CHECKING ACCOUNT #531-00791-9

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT	DEPOSIT AMOUNT	DEPOSIT DATE
08/19/92	O'NEILL, THOMAS P. JR.	RM 1008 FED BLD 10 CAUSEWAY ST	BOSTON, MASS	02222	200.00	200.00	08/28/92
08/19/92	HOLTZMAN, SEYMOUR & EVELYN	150 SUSQUEHANNA AVE.	EXETER, PA	18643-2698	500.00		
08/26/92	ZUMWALT, ADMIRALE E.R., JR (RET)	P.O. BOX 53876	FAYETTEVILLE, NC	28305	150.00		
08/09/92	LUCEY, JOHN	5 PARK SQUARE	JEWETT CITY, CT	06351	100.00		
08/08/92	MCCONNON, JEAN	RD#2 BOX 176F	ULSTER, PA	18850	25.00	775.00	07/14/92
07/18/92	DONOVAN, ROBERT & MARY	15 EAST LANE	PITTSTON, PA	18640	100.00		
07/27/92	GENELLO, CHARLES & MILDRED	1020 BUNKER HILL ST	SCRANTON, PA	18510	50.00		
07/27/92	RAMONT, NELSON	1507 GARDNER AVE	SCRANTON, PA	18509	50.00		
07/16/92	RAUNER, HENRY, MRS	319 MAPLE ST	PECKVILLE, PA	18452	25.00		
07/28/92	KURRUS, RICHARD	1055 THOMAS JEFFERSON ST. NW	WASHINGTON, DC	20007	100.00		
08/05/92	ROBINSON, HARRY	RD 2, BOX 68	WELLSBORO, PA	16901	25.00		
08/12/92	RAUNER, HENRY, MRS	319 MAPLE ST	PECKVILLE, PA	18452	25.00	375.00	08/21/92
08/14/92	BROWN, & GAY ENGINEERS, INC	2470 GRAY FALLS DIVE SUITE 170	HOUSTON, TEXAS	77077	1,000.00		
08/14/92	LOCKWOOD, ANDREWS & NEWNAM, INC	1500 CITY WEST BLVD	HOUSTON, TEXAS	77042	500.00	1,500.00	08/26/92
10/20/92	KLIMASH, CHRISTINE & JOHN	R.D. 2, BOX 47	WAYMART, PA	18472	100.00	100.00	08/26/92
09/11/92	CESARE, DR. JOSEPH & KATHRYN	120 OLD ORCHARD ROAD	CLARKS GREEN, PA	18411	1,000.00		
09/11/92	KANE, EUGENE & JOAN	WYNWOOD ROAD	DALTON, PA	18414	1,000.00		
09/11/92	AKZO	ABINGTON EXECUTIVE PARK PO BOX 352	CLARKS SUMMIT, PA	18411-0352	5,000.00	7,000.00	09/16/92
09/14/92	FERRARIO, GERARD & MARIANNE	1501 GREEN RIDGE STREET	DUNMORE, PA	18509	1,000.00		
09/18/92	WEA MANUFACTURING INC	PO BOX 321	OLYPHANT, PA	18447	5,000.00	6,000.00	09/23/92
09/25/92	KEATING, ROBERT	1516 JEFFERSON AVE	DUNMORE, PA	18509-2440	500.00	500.00	09/30/92
10/02/92	MARCHICA, JOSEPH	7101 4TH AVE	BROOKLYN, NY	11209	50.00		
10/01/92	KANE WAREHOUSING INC	PO BOX 931	SCRANTON, PA	18501	1,000.00		
09/30/92	TRUST U/A/GREEMENT WILLIAM SCRANTON	TRUST DIVISION NORTHEASTERN BANK	SCRANTON, PA	18501	4,000.00		
10/02/92	RHODA H WARREN TRUST	TRUST DIVISION NORTHEASTERN BANK	SCRANTON, PA	18501	1,000.00		
10/02/92	BRAUER, NORMAN & MARJORIE	206 FIRST STREET	DALTON, PA	18414	25.00		
09/28/92	KANE, RICHARD & ERIN	1401 SPYGLASS LANE	CLARKS SUMMIT, PA	18411	250.00		
10/01/92	KANE, EUGENE JR & YASMINE	400 ELMHURST BLVD	SCRANTON, PA	18505	250.00		
09/30/92	KANE, CHRISTOPHER	PO BOX 931	SCRANTON, PA	18501	250.00		
09/28/92	KANE, EDWARD & CHRISTINE	1005 SLEEPY HOLLOW ROAD	CLARKS SUMMIT, PA	18411	250.00		
10/02/92	STETLER, LARRY & DOROTHY	BEECH STREET	WAVERLY, PA	18471	1,000.00	8,075.00	10/07/92
10/07/92	MOSKOVITZ, MR. & MRS. LEO	9 OLD MILL ROAD	JERMYN, PA	18433	1,000.00	1,000.00	10/07/92

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JOSEPH M. MCDADE LEGAL DEFENSE FUND

NORTHEASTERN BANK CHECKING ACCOUNT #531-00791-9

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT	DEPOSIT AMOUNT	DEPOSIT DATE
10/05/92	JURCHAK, THOMAS & MARIE	201 RIDGE STREET	CLARKS SUMMIT, PA	18411	25.00		
10/05/92	MORGAN, VERNON DR. & MARY LYNN	BOX 123	WAVERLY, PA	18471	500.00	525.00	10/07/92
10/07/92	KANE, EUGENE & JOAN	WYNDWOOD ROAD	GLENBURN, PA	18414	250.00		
10/05/92	HINERFELD, SIMEON & MARION	224 ADAMS AVE	SCRANTON, PA	18503	100.00		
10/02/92	ALPERIN, FRANCINE & IRWIN	1010 VICTORIA LANE	CLARKS SUMMIT, PA	18411	100.00		
09/30/92	CLAUSS, MARION & JAMES	134 DELAWARE AVE	OLYPHANT, PA	18447	300.00		
10/02/92	UFBERG, MURRAY & MARGERY ANN	644 CHARLES AVENUE	KINGSTON, PA	18704	100.00	850.00	10/07/92
10/09/92	BABIA, PETER	400 CALVIN STREET	DUNMORE, PA	18512	5,000.00		
10/09/92	REINHEIMER, KENNETH & LETHA	ORCHARD LANE	CLARKS SUMMIT, PA	18411	100.00		
10/07/92	HOWLEY, JAMES & MARY	315 MAPLE AVE	CLARKS GREEN, PA	18411	5,000.00		
10/07/92	NOLAN, DONALD	1008 ELECTRIC ST	SCRANTON, PA	18509	5,000.00		
10/09/92	DENAPLES, DOMINICK	400 MILL ST	DUNMORE, PA	18512	5,000.00		
10/09/92	DENAPLES, LOUIS	400 MILL ST	DUNMORE, PA	18512	5,000.00		
10/09/92	SACCONE, NICHOLAS, DDS	1001 PITTSTON AVE.	SCRANTON, PA	18505-4192	100.00		
10/13/92	HORGER, ULRICH & JEAN	426 S. MAIN ST	TAYLOR, PA	18517	10.00		
10/09/92	LOMMA, RALPH & JOYCE	600 CLAY AVE	SCRANTON, PA	18510	500.00		
10/07/92	KANE, JOHN & MARGARET	518 CEDAR ST	JENKINTOWN, PA	19046	100.00		
10/07/92	KELLY, E.J. MD	BOX 1141	KINGSTON, PA	18704	500.00		
10/05/92	MCANDREW, PENNY & JOHN	1230 LAYTON RD	CLARKS SUMMIT, PA	18411	25.00		
10/05/92	VIPOND, FLORENCE	BOX 24	WAVERLY, PA	18471-0024	100.00		
10/05/92	GRECO, CARL & PATRICIA	1610 NO WASHINGTON AVE	SCRANTON, PA	18509	1,000.00		
10/07/92	COCCODRILLI, VINCE	RD 5, BOX 5920	LAKE ARIEL, PA	18436	1,000.00		
10/07/92	MOONEY, ROBERT & SHERRY	PO BOX 551	FACTORYVILLE, PA	18419	150.00		
10/07/92	BURKE, AUSTIN & MARIANNE	263 LAUREL ST	ARCHBALD, PA	18403	1,000.00		
10/05/92	CONNERY, JOSEPH	107 HOLLLOW DR ELMBROOK TERRACE	MOSCOW, PA	18444	25.00		
10/07/92	BRERETON, HARMAR MD & LESLIE	RD 3 SUGARBUSH ROAD	DALTON, PA	18414	1,000.00		
10/05/92	BURKE, JAMES DR & MARY LOU	122 BELMONT AVE	CLARKS GREEN, PA	18411	50.00		
10/05/92	FARRELL, ROBERT MD & DEMARIS	DRAWER U WAVERLY ROAD	WAVERLY, PA	18471	150.00		
10/05/92	BOLAND, STANLEY MD & BARBARA	131 BELMONT AVE	CLARKS GREEN, PA	18411	100.00		
10/05/92	RINALDI, ANTHONY & BARBARA	7 OLDFIELD RD	CLARKS SUMMIT, PA	18411	500.00		
10/05/92	NICHOLAS, DONALD	375 NO ABINGTON RD	CLARKS GREEN, PA	18411	100.00		
10/05/92	SHELS, CONSTANCE	1000 WOODLAND WAY	CLARKS SUMMIT, PA	18411	1,000.00		

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JOSEPH M. MCDADE LEGAL DEFENSE FUND

NORTHEASTERN BANK CHECKING ACCOUNT #531-00791-9

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT	DEPOSIT AMOUNT	DEPOSIT DATE
10/07/92	BILLETS, WILLIAM & EVA	RD 2, BOX 2353	FACTORYVILLE, PA	18419	200.00		
10/07/92	REGNI, LUCILLE & LORA	RR2 105 FAWN DR	MOSCOW, PA	18444	25.00		
10/08/92	THOMPSON, CARSON MD. & SHELA	RR 1 BOX 365 GROUSE HILL RD	DALTON, PA	18414	100.00		
10/08/92	PENTECOST, WILLIAM	410 GORDON DRIVE	CLARKS GREEN, PA	18411	50.00		
10/09/92	NEALON, WILLIAM & JEAN	18 TIFFANY DRIVE	SCRANTON, PA	18505	25.00		
10/09/92	SQUIER VERDON & BARBARA	PO BOX 62	SPRINGVILLE, PA	18844	100.00		
10/05/92	A. PERSON HURD POST 236	210 ELEANOR ST	PECKVILLE, PA	18452	25.00		
10/09/92	MAHER, FRANK & DOLORES	400 WYOMING AVE	SCRANTON,PA	18503	25.00		
10/07/92	PANUSKA, J A	UNIVERSITY OF SCRANTON	SCRANTON, PA	18510	25.00		
10/09/92	O'CONNOR, WILLIAM & KAREN	RD ROUTE 438	OLYPHANT, PA	18447	25.00		
10/09/92	MCDONALD, JOHN BRIG GEN	2307 ADAMS AVE	SCRANTON, PA	18509	25.00		
10/09/92	LETTIERI, FRED & WANDA	162 TAROLI ST	OLD FORGE, PA	18518	25.00		
10/09/92	PHEASANT, CLAYTON	1525 MADISON AVE	DUNMORE, PA	18509	25.00		
10/09/92	CAMPBELL, JOHN	119 S. IRVING AVENUE	SCRANTON, PA	18505	25.00		
10/09/92	STRICKLAND, HARRY PHD	UNIVERSITY OF SCRANTON	SCRANTON, PA	18510	25.00		
10/10/92	OLDS, STANLEY	498 CLARK STREET	CLARKS GREEN, PA	18411	25.00		
10/09/92	NETTI, DOMINICK	2302 ASH ST	SCRANTON, PA	18510	25.00		
10/09/92	MCHUGH, RONALD & MARIE	70 EIGHTH AVE	CARBONDALE, PA	18407	50.00		
10/09/92	BUTLER, MARY & BRUCE	1741 MONSEY AVE	SCRANTON, PA	18509	50.00		
10/09/92	POWELL, THOMAS & MARY	1610 ADAMS AVENUE	DUNMORE, PA	18509	50.00		
10/05/92	SENSI, ANN	1111 SUMMIT POINTE	SCRANTON, PA	18508	25.00		
10/07/92	MCGURL, BERNARD	525 TAYLOR AVE	SCRANTON, PA	18510	25.00		
10/09/92	SPANO, CHARLES	539 BIRCH ST	SCRANTON, PA	18505	50.00		
10/06/92	GLASER, MARGARET DR. & TERENCE DR.	209 CAMINS PARKWAY	CLARKS SUMMIT, PA	18411	25.00		
10/06/92	SERAFINI, FRANK & LOUIS	503 MAIN ST	MOOSIC, PA	18507	500.00		
10/09/92	STAMPIEN, JAN DR. & MARIANNE	117 NORTH ABINGTON ROAD	CLARKS SUMMIT, PA	18411	100.00		
10/09/92	KARAM, THOMAS & FLORA	391 GLENBURN ROAD	CLARKS SUMMIT, PA	18411	500.00		
10/09/92	O'CONNOR, J.J. MD	GRANDVIEW AVE	CLARKS SUMMIT, PA	18411	1,000.00		
10/09/92	MCGOWAN, ANDREW MSGR	736 JEFFERSON AVE	SCRANTON, PA	18510	250.00		
10/09/92	BARRETT, MARIE	1607 N WEBSTER AVE	DUNMORE, PA	18509	100.00		
10/09/92	KETCHUM, SHIRLEY & DICKERSON, SHELLEY	WYNWOOD RD RD 3 BOX 460	DALTON, PA	18414	100.00		
10/09/92	GILHOOLEY, JOSEPH & MARY THERESA	902 PROSPECT AVE	SCRANTON, PA	18505	100.00		

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JOSEPH M. MCDADE LEGAL DEFENSE FUND

NORTHEASTERN BANK CHECKING ACCOUNT #531-00791-9

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT	DEPOSIT AMOUNT	DEPO DA
10/08/92	MYERS, LOUIS & PATRICIA	105 MORNINGSIDE ROAD PO BOX 106	WAVERLY, PA	18471	1,000.00		
10/08/92	ABRAMS, ARTHUR & RUTH	1200 PINE ST	SCRANTON, PA	18510	100.00		
10/08/92	BUSH, EDWARD & LORRAINE	102 VOSBURG LANE	CLARKS SUMMIT, PA	18411	500.00		
10/08/92	JACKSON, ROBERT & MARGARET	104 RAILROAD STREET	ARCHBALD, PA	18403	30.00		
10/02/92	GRAF, ALAN & PATRICIA	520 OLD COLONY ROAD	CLARKS SUMMIT, PA	18411	1,000.00		
10/08/92	BARTLETT, OLIVER	103 EAST MAIN STREET	MANSFIELD, PA	16933	25.00		
10/13/92	GABRIEL, HARRY	325 ADAMS AVE APT 801	SCRANTON, PA	18503	50.00		
10/10/92	LANUTI, JOSEPH	310 RIVER ST	OLYPHANT, PA	18447	100.00		
10/12/92	TRENTALANGE, CHARLES & ELAINE	1019 GREENBRIAR DR	CLARKS SUMMIT, PA	18411	25.00		
10/10/92	GAIDOS, JOHN & MARY	602 MARJORIE DR	DUNMORE, PA	18512	50.00		
10/13/92	HOWE, BRUCE & JOAN	RD 6 BOX 6332	LAKE ARIEL, PA	18436	200.00		
N/A	ABRAHAMSEN, MORAN & CONABOY, PC	205-507 NORTH WASHINGTON AVE	SCRANTON, PA	18503	500.00		
10/11/92	BISHOP, RICHARD & FAYE	7 PENNY BRYN DR	SCRANTON, PA	18505	100.00	39,690.00	10/
10/09/92	GALLAGHER, HARRIET & JOHN	1409 VINE ST	SCRANTON, PA	18510	100.00		
10/13/92	ALBANESI, ENRICO & ANGELA	288 1/2 E MORTON STREET	OLD FORGE, PA	18518	100.00		
10/09/92	DIBERT, LEWIS & ARLINE	211 BARRY DR	CLARKS SUMMIT, PA	18411	25.00		
10/07/92	BITCHKO, E W	241 E GROVE ST	CLARKS GREEN, PA	18411	50.00		
10/09/92	WATKINS, WARREN & PHYLLIS	301 STONE AVE	CLARKS SUMMIT, PA	18411	25.00		
10/09/92	FITZGERALD, WE & EVELYN	113 UPLAND TERRACE	CLARKS SUMMIT, PA	18411	25.00		
10/09/92	VALENTE, JOSEPH & SOPHIA	105 APPLE VALLEY CIRCLE	CLARKS SUMMIT, PA	18411	25.00		
10/07/92	BURNS, HARRY III	PO BOX 344	WAVERLY, PA	18471	50.00		
10/07/92	WEBB, JAMES JR & BRENDA	207 WILLOW RD	DALTON, PA	18414	25.00		
10/07/92	AIKEN, STEWART JR & GRACE	911 LONGVIEW TERRACE	WAVERLY, PA	18471	50.00		
10/03/92	VANNESS, ROBERT JR & ANDREA	CLINTON ST PO BOX 546	WAVERLY, PA	18471	50.00		
10/07/92	SCHLIPP, JAMES & BARBARA	420 NORTHERN SPY ROAD	CLARKS SUMMIT, PA	18411	50.00		
10/07/92	CROWLEY, FRANCIS & MARGARET	105 PRINCETON AVE	CLARKS GREEN, PA	18411	25.00		
10/08/92	MCCREARY, TERRY & BARBARA	224 SALLY DR	CLARKS SUMMIT, PA	18411	50.00		
10/05/92	MENK, JOSEPH	66 EAST OAK ST	PITTSTON, PA	18640	25.00		
10/05/92	TRUNNELL, WILLIAM	C/O AKZO SALT ABINGTON EXU PARK	CLARKS SUMMIT, PA	18411	25.00		
10/05/92	ARMSTRONG, ARTHUR	30 WOODLAND DR	PECKVILLE, PA	18452	50.00		
10/05/92	O'CONNOR, GERALD	PO BOX 72	WAVERLY, PA	18471	25.00		
10/05/92	LOWE, EARPH JR	507 LOCUST LN	CLARKS SUMMIT, PA	18411	25.00		

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JOSEPH M. MCDADE LEGAL DEFENSE FUND

NORTHEASTERN BANK CHECKING ACCOUNT #531-00791-9

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT	DEPOSIT AMOUNT
10/05/92	SHEMONSKY, GENE, KAREN	1017 WOODLAND WAY	CLARKS SUMMIT, PA	18411	25.00	
10/05/92	KISER, STEPHEN & PATRICIA	510 CARNATION DR	CLARKS SUMMIT, PA	18411	50.00	
10/05/92	FAZIO, RONALD	422 NORTHERN SPY ROAD	CLARKS SUMMIT, PA	18411	25.00	
10/06/92	AITKEN, GORDON & AUDREY	303 BRIGHTON DR	CLARKS SUMMIT, PA	18411	25.00	
10/06/92	BOLTON, CATHERINE	C/O AKZO SALT ABINGTON EXU PARK	CLARKS SUMMIT, PA	18411	25.00	
10/08/92	JONES, ROBERT JR & MAUREEN	120 FOX RUN CIRCLE	CLARKS SUMMIT, PA	18411	50.00	
10/08/92	HOLMAN, DONALD	1003 WOODLAWN ST	CLARKS SUMMIT, PA	18411	25.00	
10/08/92	OLSZEWSKI, MARY	850 SARAH DR	CLARKS SUMMIT PA	18411	25.00	
10/08/92	FIORENZA, CHARLES & JUDY	417 BRIAN DR	CLARKS SUMMIT PA	18411	25.00	
10/08/92	BONNELL, ALLAN & SUSAN	PO BOX 352	CLARKS SUMMIT, PA	18411	25.00	
10/08/92	PESLAK, ALAN & ANN	240 KATHLEEN DRIVE	PECKVILLE PA	18452	25.00	
10/05/92	LYNETT, WILLIAM	1601 MONROE AVE	DUNMORE PA	18509	1,000.00	
10/05/92	LYNETT, JEAN	1636 NO WASHINGTON AVE	SCRANTON PA	18509	1,000.00	
10/05/92	LYNETT, EDWARD JR	26 OAKFORD GLENN	CLARKS SUMMIT, PA	18411	1,000.00	
10/05/92	LYNETT, GEORGE	1750 NO WASHINGTON AVE	SCRANTON, PA	18509	1,000.00	
10/05/92	HAGGERTY, CECELIA	1524 ADAMS AVE	DUNMORE,PA	18509	1,000.00	
10/08/92	NASSER, WILLIAM	ONE DUNHAM DRIVE	DUNMORE, PA	18512	100.00	
10/09/92	DUNMORE OIL COMPANY, INC	522 PENN AVE	SCRANTON, PA	18503	5,000.00	
10/07/92	THE RANSOM QUARRY CO., INC	RANSOM, PA	RANSOM, PA	18653	1,000.00	
10/05/92	US ELECTRIC INC	104 LAKE ST	DUNMORE, PA	18512	5,000.00	
10/08/92	DELVECCHIO, TRANSPORT & MATERIALS	PO BOX 480	DUNMORE, PA	18512-0480	3,000.00	
10/08/92	RUBENFELD, JACK	217 MELROSE AVE	CLARKS SUMMIT, PA	18411	25.00	
10/09/92	NUTTALL, EDWARD	825 ELECTRIC ST	SCRANTON, PA	18509	500.00	
10/07/92	CONNAUGHT LABORATORIES INC		SWIFTWATER PA	18370	5,000.00	
10/09/92	THE COUNTRY CLUB MENS SHOP	138 PENN AVE	SCRANTON, PA	18503	500.00	
10/07/92	AVANTI CIGAR CO	1015 NORTH MAIN AVE	SCRANTON, PA	18504	500.00	
10/07/92	LACK CNTY COMM AMERICAN LEGION				1,000.00	
10/08/92	SEBASTIANELLI A J D M D	201 CHURCH ST	JESSUP PA	18434	175.00	
10/09/92	WAYNE CNTY REPUBLICAN COMMITTEE	PO BOX 58	HONESDALE, PA	18431	100.00	
10/08/92	STAMPEN, STANLEY DR & DOROTHY				50.00	
10/09/92	BERNARD BLER & ASSOCIATES	CHAMBER OF COMMERCE BUILDING	SCRANTON PA	18503	25.00	
10/07/92	MEDALLION CASKET CO	701 WASHINGTON AVE	JERMYN PA	18433	25.00	

JOSEPH M. MCDADE LEGAL DEFENSE FUND

NORTHEASTERN BANK CHECKING ACCOUNT #531-00791-9

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT	DEPOSIT AMOUNT
10/09/92	BARRASSE, LINDA	746 JEFFERSON AVE	SCRANTON, PA	18510	100.00	
10/09/92	CALI, SALVATORE	303 W ELM ST	DUNMORE, PA	18512	500.00	
10/09/92	LR COSTANZO CO., INC	123 NO MAIN AVE	SCRANTON, PA	18504	250.00	
10/08/92	J P MASCARO & SONS	LOWER AND WILE ROADS	SOUDERTON, PA	18964	5,000.00	
10/07/92	FIVE STAR EQUIPMENT, INC	DUNHAM DRIVE PO BOX 176	DUNMORE, PA	18512	5,000.00	
10/12/92	WELLES, C.H. IV	1000 BANK TOWERS	SCRANTON, PA	18503	50.00	
10/13/92	PARENTE, CHARLES	SUITE 700 46 PUBLIC SQUARE	WILKES-BARRE, PA	18701	1,250.00	
10/08/92	TRACY, GERALD MD & MARY	1019 SUNSET ST	SCRANTON, PA	18509	100.00	
10/08/92	HILLMAN, ELSIE	MOREWOOD HEIGHTS	PITTSBURGH, PA	15213	5,000.00	
10/05/92	KIRTLAND, DAVID & MARIJO	900 BATTLE ST	SCRANTON, PA	18508	100.00	
10/08/92	WRIGHT, MARY & ELIZABETH	1527 N WEBSTER AVE	SCRANTON, PA	18509	500.00	
10/09/92	BOVARD, JEANNE	BOX 14	DALTON, PA	18414	25.00	
10/09/92	MCKINNEY, PARKER, ESSEX	820 DAVIS ST PO BOX 5999	SCRANTON, PA	18505-5999	500.00	
10/10/92	FAIR, LA VERNE	PO BOX 124	SHAWNEE ON DEL, PA		10.00	
10/12/92	FEDOR, STEPHEN & GRACE	318 WILLOW ST	DUNMORE, PA	18512	10.00	
10/13/92	MORE, HUGO MD	THE FORUM PLAZA	SCRANTON, PA	18503	250.00	
10/13/92	SORDONI, ANDREW III	EXECUTIVE OFFICES 45 OWEN ST	FORTY FORT, PA	18704	1,250.00	
10/10/92	LEES, WILLIAM & DORIS	301 TULIP CIRCLE	CLARKS SUMMIT, PA	18411	25.00	48,045.00
10/12/92	MARQUARDT, RICHARD	PO BOX 26	WAVERLY, PA	18471	1,000.00	
10/13/92	MID VALLEY SENIOR CITIZENS	626 E LACKAWANNA AVE	OLYPHANT, PA	18447	10.00	
10/13/92	MARTINI, JOSEPH & PAULINE	626 E LACKAWANNA AVE	OLYPHANT, PA	18447	25.00	
10/07/92	BRADY, SUSAN	526 GLADIOLA DR	CLARKS SUMMIT, PA	18411	500.00	
10/05/92	CARAMANNO, ANGELO	214 S MAIN AVE	SCRANTON, PA	18504	25.00	
10/07/92	WRIGHT, ELIZABETH	1527 N WEBSTER AVE	DUNMORE, PA	18509	25.00	
10/07/92	WRIGHT, MARY & ELIZABETH	1527 N WEBSTER AVE	SCRANTON, PA	18509	25.00	
10/07/92	ANGELI, RAYMOND LTC & NANCY	589 HILLTOP ROAD	PECKVILLE, PA	18452	50.00	
10/09/92	HAGGERTY, MAURI	1524 ADAMS AVE	DUNMORE, PA	18509	50.00	
10/09/92	SHEPARD, ELAINE & LAURA	501 WAVERLY AVE	CLARKS SUMMIT, PA	18411	25.00	
10/09/92	HINTON, ANN	214 MOUNTAIN VIEW WAY	SCRANTON, PA	18508	25.00	
10/09/92	SILLNER, ROBER & MAION	342 FERDINAND ST	SCRANTON, PA	18508	25.00	
10/09/92	BESSOIR, ROBERT & MARIAN	1741 MADISON AVE	DUNMORE, PA	18509	50.00	
10/09/92	BESSOIR, STEVEN & CHERYL	1501 CLAY AVE	DUNMORE, PA	18509	50.00	

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JOSEPH M. MCDADE LEGAL DEFENSE FUND

NORTHEASTERN BANK CHECKING ACCOUNT #531-00791-9

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT	DEPOSIT AMOUNT
10/09/92	VALEZANO, ANTHONY	103 MARION ST	SCRANTON, PA	18509	25.00	
10/08/92	SEGARS, RICHARD & DARDEN, DEBORAH	PO BOX 297	LAKE WINOLA, PA	18625	50.00	
10/08/92	KISEL, EDWARD	RD NO 1	OLYPHANT, PA	18447	50.00	
10/08/92	SLOWEY, PATRICK & PAUL & MICHELE	600 COLFAX AVE	SCRANTON, PA	18510	100.00	
10/08/92	RUDDY, THOMAS & MARTHA	1424 COLLEGE AVE.	DUNMORE, PA	18509	75.00	
10/06/92	JORDAN, MARY	1102 WOODLAWN ST	SCRANTON, PA	18509	25.00	
10/06/92	BUTLER, MARY GENE & BRUCE	1741 MONSEY AVE	SCRANTON, PA	18509	100.00	
10/06/92	HINTON, ANN	214 MOUNTAIN VIEW WAY	SCRANTON, PA	18508	25.00	
10/06/92	BOHAN, WILLIAM & MARY	104 WASHINGTON ROAD	SCRANTON, PA	18509	50.00	
10/06/92	LEWIS JANET & KENNETH DR	1717 ADAMS AVE	SCRANTON, PA	18509-2007	25.00	
10/08/92	HINTON, DAVID	214 MOUNTAIN VIEW WAY	SCRANTON, PA	18508	25.00	
10/09/92	CONWAY, THOMAS & ANN	416 BEECH ST RD 6	MOSCOW, PA	18444	70.00	
10/10/92	O'MALLEY, JOHN & MARY ELLEN	220 FERDINAND ST	SCRANTON, PA	18508	50.00	
10/09/92	MCNAMARA, GERARD & JOYCE	915 W MARKET ST	SCRANTON, PA	18508	50.00	
10/09/92	SWIFT, DANIEL	709 MEADE STREET	DUNMORE, PA	18512	50.00	
10/08/92	GREEN RIDGE PLOT NEIGHBORHOOD ASSO				25.00	
10/05/92	BISTRAN, MARGARET & EDWARD	1610 E GIBSON ST	SCRANTON, PA	18510	25.00	
10/08/92	MURPHY, JOSEPH & MARY ANN	610 DEPOT STREET	SCRANTON, PA	18509	25.00	
10/08/92	HART, ROBERT & MARGARET	1308 WATSON STREET	SCRANTON, PA	18504	50.00	
10/05/92	RUSSONIELLO, VINCENT & COLETTE	RD 4 BOX 134C	LAKE ARIEL, PA	18436	25.00	
10/04/92	MARTIN, EDWARD & KAREN	104 JOHNSON ROAD	CLARKS SUMMIT, PA	18411	25.00	
09/30/92	PRIMERANO, TIMOTHY & SUSAN	PO BOX 3123	SCRANTON, PA	18505-0123	25.00	
10/02/92	VIOLANTI, FRANK & KAY	2808 PITTSTON AVE	SCRANTON, PA	18505-3138	25.00	
10/01/92	HOAR, RUTH & THOMAS	BOX 61	ELMHURST, PA	18416	25.00	
10/09/92	VALLEY COUNCIL OF REPUBLICAN WOMEN				25.00	
10/05/92	SLIVINSKI, MARIANNE	1 GRAND AVE	SCRANTON, PA	18505	25.00	
10/01/92	WELLER, CAROLYN	911 RIVER ST	SCRANTON, PA	18505	25.00	
10/09/92	ADAMS, GERARD & MARGARET	827 CHURCH STREET	HAWLEY, PA	18428	50.00	
10/09/92	BELMAN, GARY	PO BOX 345	HAWLEY, PA	18428	25.00	
10/08/92	MCDADE, PEG	837 OLD STATE RD	CLARKS SUMMIT, PA	18411	10.00	
10/08/92	CORY, MICHAEL & SARAH	829 CHURCH ST	HAWLEY, PA	18428	25.00	
10/13/92	THORPE, HAROLD & JOAN	19 LAKESIDE DRIVE	CLARKS SUMMIT, PA	18411-9420	25.00	

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JOSEPH M. MCDADE LEGAL DEFENSE FUND

NORTHEASTERN BANK CHECKING ACCOUNT #531-00791-9

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT	DEPOSIT AMOUNT
10/09/92	BLOMAIN, ERIC DR.	1222 MARION ST	DUNMORE, PA	18509	225.00	
10/06/92	SEIBERT, GERALD	237 MAIN ST STE. 303	DICKSON CITY, PA	18519-1690	25.00	
10/08/92	SCRANTON FEDERAL EMPLOYEES CR UNION	POST OFFICE BOX 3177	SCRANTON, PA	18505	25.00	
10/07/92	NET FEDEPAL CREDIT UNION	920 OAK STREET	SCRANTON, PA	18508	75.00	3,465.00
10/05/92	CALI, FRANK & MICHELE	111 S. BLAKELY ST	DUNMORE, PA	18512	25.00	
10/03/92	CALI, ANTHONY & ROSEMARY	710 DUDLEY ST	DUNMORE, PA	18512	25.00	
10/12/92	THOMAS, GARFIELD	20 WASHINGTON ST	CARBONDALE, PA	18407	100.00	
10/13/92	KOHUTH, BARBARA & FRANK	RD 2, BOX 65A	LAKE ARIEL, PA	18436	250.00	
10/13/92	WELLS, EDWARD	1000 BANK TOWERS	SCRANTON, PA	18503	25.00	
10/13/92	REESE, LEONTINE	510 CENTER STREET	TAYLOR, PA	18517	100.00	525.00
10/17/92	BUSALACCHI, CHARLES & KATHLEEN	429 CLARK AVE	CLARKS SUMMIT, PA	18411	50.00	
10/18/92	HAGGERTY, JOHN & MARY LOUISE	1031 PARK ST	SCRANTON, PA	18509	25.00	
10/16/92	MANCUSO, FRED & FRANCES	212 FALLBROOK ST	CARBONDALE, PA	18407	100.00	
10/14/92	STARZER, JOHN & LINDA	15 THORN ST	CARBONDALE, PA	18407	5.00	
10/16/92	FREDMONSKI, ADAM & MARGARET	629 MINOOKA AVE	MOOSIC, PA	18507	25.00	
10/15/92	UROSKIE, THEODORE DR. & DONNA	200 YALE BOULEVARD	CLARKS SUMMIT, PA	18411	100.00	
10/13/92	JACOBSON, HOWARD & CLAIRE	76 OAKFORD GLEN	CLARKS SUMMIT, PA	18411	300.00	
09/15/92	BREIG, WARREN JR MR & MRS	LILY LAKE ROAD	DALTON, PA	18414	100.00	
10/07/92	COLLINS, FRANK	PO BOX 140	MEDIA, PA	19063	5,000.00	
10/15/92	THE NORTHEAST TRADING CO	ROUTE 6	EYNON, PA	18403	200.00	
10/12/92	DAVIS, GREGORY & KYLE, INC	PO BOX 337	FACTORYVILLE, PA	18419-0337	100.00	
09/30/92	KOBIN COAL CORPORATION	ONE DUPONT SOUTH	PLAINVIEW, NY	11803	1,500.00	
10/06/92	TEDESCO, JAMES	100 EAST MORTON STREET	OLD FORGE, PA	18518	1,000.00	
10/08/92	KOCHER COAL CO		VALLEY VIEW, PA	17983	500.00	
10/07/92	MERCURY COAL COMPANY	PO BOX 68	TREMONT, PA	17981	500.00	
10/12/92	LEVY & PREATE	507 LINDEN ST	SCRANTON, PA	18503	750.00	
10/13/92	SHELDON, DOUGLAS MD	BANK TOWERS 4TH FLOOR	SCRANTON, PA	18503	50.00	
10/12/92	MURRAY INSURANCE	PO BOX 1107	SCRANTON, PA	18501	1,000.00	
10/08/92	THOMSON CONSUMER ELECTRONICS	200 KEYSTONE INDUSTRIAL PARK	SCRANTON, PA	18512-4511	5,000.00	
10/01/92	MINIKES, STEPHAN	MARKET SQ. 701 PA AVE. N.W.	WASHINGTON, DC	20004	1,000.00	17,305.00
N/A	PROCEEDS SALE 6 HATS @ $10.00				60.00	
10/09/92	AIKEN, LARRY	PO BOX 403	WAVERLY, PA	18471	25.00	

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JOSEPH M. MCDADE LEGAL DEFENSE FUND

NORTHEASTERN BANK CHECKING ACCOUNT #531-00791-9

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT	DEPOSIT AMOUNT
10/09/92	AKEN, G	303 BRIGHTON	CLARKS SUMMIT, PA	18411	25.00	
10/09/92	AMERICAN LEGION POST 236	210 ELEANOR ST	PECKVILLE, PA	18452	25.00	
10/09/92	BARONE, TRACEY	234 1ST ST	BLAKELY, PA	18447	25.00	
10/09/92	BELLMAN, JEAN	PO BOX 345	HAWLEY, PA	18428	25.00	
10/09/92	BLIER & ASSOCIATES	CHAMBER OF COMMERCE BLDG	SCRANTON, PA		25.00	
10/09/92	BOLAND, PAT	1008 SUNST	SCRANTON, PA		25.00	
10/09/92	BRANSKY, ANDY	302 THIRD AVE	JESSUP, PA	18434	25.00	
10/09/92	BOWER, P	100 BARTON ST	DUNMORE, PA	18512	25.00	
10/09/92	CALABRO, PETER	139 BEVERLY DR	CLARKS SUMMIT, PA	18411	25.00	
10/09/92	CARVER, THOMAS	534 MOOSIC ST	SCRANTON, PA	18501	25.00	
10/09/92	CASTELLENO, MICHAEL	2263 BIRNEY AVE	SCRANTON, PA	18508	25.00	
10/09/92	CLARK, BILL	4[illegible]4 BLVD AVE	DICKSON CITY, PA	18519	25.00	
10/09/92	CLASS, P	202 ELDA DR	CLARKS SUMMIT, PA	18411	25.00	
10/09/92	COOK, JOHN	1305 WOODLAWN AVE	DUNMORE, PA	18512	25.00	
10/09/92	COLEMAN, T DR	97 LINCOLN	CARBONDALE, PA	18407	25.00	
10/09/92	CORDELLA, TERA	R 1716 N MAIN	SCRANTON, PA		25.00	
10/09/92	COUGHLIN, ELIZABETH	1316 N WASH AVE	SCRANTON, PA	18509	25.00	
10/09/92	CONNORS, JIM MAYOR	2360 BIRNEY AVE	SCRANTON, PA	18505	25.00	
10/09/92	CONNORS, SUSAN	2360 BIRNEY AVE	SCRANTON, PA	18505	25.00	
10/09/92	COUGHLIN, JAMES	1316 N WASH AVE	SCRANTON, PA	18509	25.00	
10/09/92	COUGHLIN, JOE	1316 N WASH AVE	SCRANTON, PA	18509	25.00	
10/09/92	CREA, TONY		BLAKELY, PA	18447	25.00	
10/09/92	CURRAN, TODD	RD #27	YORK, PA		25.00	
10/09/92	CURTIN, PETER	422 GLENBURN RD	CLARKS GREEN, PA	18411	25.00	
10/09/92	DARDEN, DEBARAH	PO BOX 297	LAKE WINOLA, PA	18625	25.00	
10/09/92	D'ARIENZO, ELIZABETH BATTLE	1711 ELECTRIC ST	DUNMORE, PA	18509	25.00	
10/09/92	D'ARIENZO, JOB	1711 ELECTRIC ST	DUNMORE, PA	18509	25.00	
10/09/92	DAVIS, BILL	1000 GRANDVIEW	CLARKS SUMMIT, PA	18411	25.00	
10/09/92	DEAN, REO	5205 GREEN ST	HONESDALE, PA	18431	25.00	
10/09/92	DONOVAN, DAN	723 MOOSIC RD	OLD FORGE, PA	18518	25.00	
10/09/92	DOUGHERTY, ANNE	325 N BLAKELY ST	DUNMORE, PA	18512	25.00	
10/09/92	DOUGHERTY, TOM	325 N BLAKELY ST	DUNMORE, PA	18512	25.00	

JOSEPH M. MCDADE LEGAL DEFENSE FUND

NORTHEASTERN BANK CHECKING ACCOUNT #531-00791-9

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT	DEPOSIT AMOUNT
10/09/92	DOUGHERTY, TOM	325 N BLAKELY ST	DUNMORE, PA	18512	25.00	
10/09/92	DOUGHERTY, TOM	325 N BLAKELY ST	DUNMORE, PA	18512	25.00	
10/09/92	AFGE LOCAL 1647 ROBT R DOYLE	PO BOX 163	HAMLIN, PA	18427	25.00	
10/09/92	DUNLEAVY, BILL	1731 N SUMNER AVE	SCRANTON, PA	18508	25.00	
10/09/92	DUNLEAVY, RICHARD	2825 LAFAETTE ST	SCRANTON, PA	18508	25.00	
10/09/92	DURKIN, BOB	417 DELAWARE AVE	OLYPHANT, PA	18447	25.00	
10/09/92	DURKIN, SHERRY	417 DELAWARE AVE	OLYPHANT, PA	18447	25.00	
10/09/92	FEBTA, LOU	19 LINCOLN ST	OLD FORGE, PA	18518	25.00	
10/09/92	FLANNERY, BETTY				25.00	
10/09/92	FLANNERY J X	1526 N WEBSTER AVE	DUNMORE, PA		25.00	
10/09/92	FLAHERTY JIM	HCR BOX 1500	PAUPACK, PA	18451	25.00	
10/09/92	FLAHERTY, JIM	CHAMBERLAIN			25.00	
10/09/92	FRANCIS, KEN	911 WILLIAM ST	AVOCA, PA	18641	25.00	
10/09/92	FREEMAN, WM	802 GRANDVIEW	SCRANTON, PA		25.00	
10/09/92	FULGONEY, J	906 FAIRVIEW RD	CLARKS SUMMIT, PA	18411	25.00	
10/09/92	GARIBAY, J	1631 E MOUNTAIN RD	SCRANTON, PA	18505	25.00	
10/09/92	GLASER, PEG	209 KAMENS PARKAY	CLARKS SUMMIT, PA	18411	25.00	
10/09/92	GOLDEN, FRANK	RD 1 BOX 24	WAYMART, PA	18472	25.00	
10/09/92	GOLDEN, GINGER	RD 1 BOX 24	WAYMART, PA	18472	25.00	
10/09/92	GUYAUX, JOE	107 SQUIRREL RUN	CLARKS SUMMIT, PA	18411	25.00	
10/09/92	HART, PAUL	1308 WATSON ST	SCRANTON, PA		25.00	
10/09/92	HOLMES, E	105 BELMONT	CLARKS GREEN, PA	18411	25.00	
10/09/92	HUNT, TOM	201 W DRINKER ST	DUNMORE, PA	18512	25.00	
10/09/92	HUNTER, ALMA	706 JOHNS DR	MOOSIC, PA	18507	25.00	
10/09/92	HUNTER, JT	706 JOHNS DR	MOOSIC, PA	18507	25.00	
10/09/92	JACKMAN, B	1709 WYOMING	SCRANTON, PA		25.00	
10/09/92	JORDAN, JIM	1903 ADAMS AVE	SCRANTON, PA	18509	25.00	
10/09/92	KANE, RICHARD	1401 SPYGLASS	CLARKS SUMMIT, PA	18411	25.00	
10/09/92	KELCHUM, BV	RD 3 BOX 460	DALTON, PA	18414	25.00	
10/09/92	KELLEY, BETTY	RD 3	LAKE ARIEL, PA	18436	25.00	
10/09/92	KELLEY, TOM	1207 WOOD ST	SCRANTON,PA		25.00	
10/09/92	KELLEY, DOROTHY	1207 WOOD ST	SCRANTON,PA		25.00	

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JOSEPH M. MCDADE LEGAL DEFENSE FUND

NORTHEASTERN BANK CHECKING ACCOUNT #531-00791-9

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT	DEPOSIT AMOUNT
10/09/92	KING, MARIE	PO BOX 431	SCRANTON, PA	18501	25.00	
10/09/92	KING, STEVE	PO BOX 431	SCRANTON, PA	18501	25.00	
10/09/92	KOVACH, BOB	601 DUDLEY ST	DUNMORE, PA	18519	25.00	
10/09/92	LABUKAS, JOE	121 WHITETAIL DR	SCRANTON, PA		25.00	
10/09/92	LABUKAS, LYNN	121 WHITETAIL DR	SCRANTON, PA		25.00	
10/09/92	LATSCHAR, JOHN	RD 2 BOX 2201	MOSCOW, PA	18444	25.00	
10/09/92	LATSCHAR, JOHN	RD 2 BOX 2201	MOSCOW, PA	18444	25.00	
10/09/92	LEMONCELLI, ANN	226 BIRCHWOOD	EXETER, PA	18643	25.00	
10/09/92	LOWE, EAPH	507 LOCUST	CLARKS SUMMIT,PA	18411	25.00	
10/09/92	LUGER, CHAS	143 EDGEWOOD DR	CLARKS SUMMIT,PA	18411	25.00	
10/09/92	MAJOR, SANDRA	RR 2 BOX 171	NEW MILFORD, PA	18834	25.00	
10/09/92	MALLETZ, JOE	113 SHORT ST	BEAVER MEADOWS, PA	18210	25.00	
10/09/92	MANCERI, SUZANNE	3317 BIRNEY AVE	MOOSIC, PA	18507	25.00	
10/09/92	MASTERS, JACK	PO BOX 425	HOP BOTTOM, PA	18824	25.00	
10/09/92	MCGEE, JOHN	RD 4 BOX 4791	MOSCOW, PA	18444	25.00	
10/09/92	MCGRAW, JAMES	2028 DELAWARE ST	DUNMORE, PA	18519	25.00	
10/09/92	MCINTYRE, BOB	98 ARNOLD AVE	SCRANTON, PA		25.00	
10/09/92	MCINTYRE, BOB	98 ARNOLD AVE	SCRANTON, PA		25.00	
10/09/92	CHERUNDOLO, ED	382 MILWAUKEE AVE	OLD FORGE, PA	18518	25.00	
10/09/92	MEREDICK, JOSEPH	1349 DARTMOTH ST	SCRANTON, PA		25.00	
10/09/92	MERLI, GENO	605 GINO MERLI DR	PECKVILLE,PA	18452	25.00	
10/09/92	MURPHY, JAN	ROUTE 6	PROMPTON, PA	18456	25.00	
10/09/92	MEGARIS, PAULA	441 FOSTER ST	DURYEA, PA	18642	25.00	
10/09/92	MILLER, BILL	130 S IRVING AVE	SCRANTON, PA	18505	25.00	2,285.00
10/15/92	INTERNATIONAL CORRESPONDENCE SCHO	925 OAK ST	SCRANTON, PA	18515	1,000.00	
10/16/92	KINBACK CORPORATION	STAUFFER INDUSTRIAL PARK	SCRANTON, PA	18504	1,000.00	
10/13/92	ROSENAN, HAROLD	15 S FRANKLIN ST	WILKES-BARRE PA	18711	100.00	
10/09/92	WARD THOMAS & PRISCILLA	503 CLARK AVE	CLARKS SUMMIT PA	18411	200.00	
10/17/92	ROSS BRUCE & NANCY	RR 1 BOX 250	UNIONDALE PA	18470	25.00	
10/20/92	TEDESCO, JAMES JR	506 EVANS ST	CLARKS GREEN, PA	18411	100.00	
10/08/92	GRAFF, KATHLEEN	RD 3	DALTON, PA	18414	500.00	
10/21/92	LUND & O'BRIAN ATTORNEYS AT LAW	1825 K STREET NW ROOM1010	WASHINGTON, DC	20006	250.00	

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JOSEPH M. MCDADE LEGAL DEFENSE FUND

NORTHEASTERN BANK CHECKING ACCOUNT #531-00791-9

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT	DEPOSIT AMOUNT
10/16/92	DINOIA, FRANK & JENNIFER	229 VASSAR AVE	CLARKS GREEN, PA	18411	100.00	
10/15/92	ADCROFT, JOHN & CLARA	406 MAIN AVE	CLARKS SUMMIT, PA	18411	100.00	
10/22/92	BMC INC	EAST GIBSON ST	SCRANTON, PA	18509	500.00	
10/23/92	NALEVANKO, FLORENCE & WILLIAM	405 NORTH RIVER AVE	OLYPHANT, PA	18447	200.00	
10/23/92	SMITH, ANNE	125 MAIN ST	MOSCOW, PA	18444	1,000.00	
10/16/92	MUMFORD, HARRY & JULIA	MAIN & ACADEMY STREETS	WAVERLY, PA	18471	50.00	
10/21/92	MORGAN, H.C.	320 E GIBSON ST	SCRANTON, PA	18509	350.00	
10/21/92	MORGAN, HARRY JR & SANDRA	704 FAIRVIEW ROAD	CLARKS SUMMIT, PA	18411	150.00	
10/23/92	CHAMBERLAIN	156 CEDAR AVE	SCRANTON, PA	18505	500.00	
10/16/92	GELB, MAE	550 CLAY AVE APT 7C	SCRANTON, PA	18510	100.00	
10/22/92	SZUKALLA, JUERGEN DMD, PC	327 NORTH WASHINGTON AVE	SCRANTON, PA	18503	100.00	
10/20/92	KOBIN COAL CORP	ONE DUPONT SOUTH	PLAINVIEW, NY	11803	2,000.00	
10/16/92	VERTO CORP	PO BOX 450	PITTSTON, PA	18640	3,000.00	
10/24/92	ALLEGRUCCI, ARMANDA & PAULINE	127 S MERIFIELD AVE	SCRANTON, PA	18504	50.00	
10/24/92	CHRYLSER, GERALD & BERNADETTE	BOX 78	WAVERLY, PA	18471-0078	500.00	11,875.00
10/09/92	LEBER, FREDERIC	1017 W LACKAWANNA AVE	SCRANTON, PA	18504	100.00	
10/09/92	FLANAGAN, JOHN & BEVERLY	BOX 388	DALTON, PA	18414	25.00	
10/09/92	ZELSNECKO, MARTIN	807 CROWN AVE	SCRANTON, PA	18505	25.00	
09/29/92	FLYNN, MATTHEW & VITALI, MARILYN	821 LANDIS ST	SCRANTON, PA	18504	50.00	
10/04/92	GORSKI, RICHARD & JUDY	208 CRESTWOOD AVE	CLARKS SUMMIT, PA	18411	25.00	
10/05/92	KEEGAN, ROBERT	906 N VALLEY AVE	OLYPHANT, PA	18447	25.00	
10/05/92	AF OF GOVT LOCAL NO. 1647	TOBYHANNA ARMY DEPOT	TOBYHANNA, PA	18466	250.00	
09/30/92	PARISE, JOH & SHIRLEY	1831 N MAIN AVE REAR	SCRANTON, PA	18508	50.00	
10/09/92	SCOTT, ROBERT & ANN	333 WHEELER AVE	SCRANTON, PA	18510	25.00	
10/09/92	MCINTYRE, ROBERT & JUDY	96 ARNOLD AVE	SCRANTON, PA	18505	50.00	
10/09/92	CAVANAUGH, ROBERT & ROSE	303 BARBARA DRIVE	MOSCOW, PA	18444	50.00	
09/29/92	SHEMONSKY, EDWARD, JR	1211 STATE ST	ARCHBALD, PA	18403	25.00	
09/30/92	UASP LOCAL 524		SCRANTON, PA	18505	500.00	
10/09/92	SCHLMELFEMIG, FRED & COCKRILL, BILL				200.00	
10/09/92	CARPENTERS 261 MEMBERS				200.00	
10/09/92	SCHUBERT, FRANK				250.00	
10/09/92	YAROSHESKI, DAVID	623 DELAWARE ST	FOREST CITY, PA	18421	40.00	

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JOSEPH M. MCDADE LEGAL DEFENSE FUND

NORTHEASTERN BANK CHECKING ACCOUNT #531 – 00791 – 9

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT	DEPOSIT AMOUNT
10/09/92	TIMLIN, ROBERT	325 WARREN ST	SCRANTON, PA	18508	25.00	
10/09/92	OLIVER, B				25.00	
10/09/92	SCHOFIELD, J.				25.00	
10/09/92	CONNORS, E	114 LELAND DR	CLARKS SUMMIT, PA	18411	25.00	
10/09/92	KLASNER, P				25.00	
10/09/92	COSTELB, MICHAEL	841 TAYLOR AVE	SCRANTON, PA	18510	50.00	
10/09/92	BENRAD, JOSEPH	1001 JACKSON ST	SCRANTON, PA	18504	50.00	2,115.00
10/09/92	THOMAS, BOB	45 FIRST AVE	KINGSTON, PA	18704	25.00	
10/09/92	LANGAN, JERRY	300 BROOK ST	SCRANTON, PA		25.00	
10/28/92	CACCIAMANI, J.P	1919 PROSPECT AVE	SCRANTON, PA	18505	25.00	
10/29/92	LAPERA, BERNARD	41 RIVER ST	CARBONDALE, PA	18407	750.00	
10/21/92	CAMAYD, ALEX	703 HIGHLAND AVE	CLARKS SUMMIT, PA	18411	500.00	
10/30/92	ANTOGNOLI, WILLIAM	613 MAIN ST	PECKVILLE, PA	18452	100.00	
10/29/92	JONES, JOHN & PATRICIA	MOUNT MARGARET ESTATES 11 SEPT DR	SCRANTON, PA	18505	150.00	
10/29/92	GINADER, GEORGE & ELANORE	1509 JEFFERSON AVE	DUNMORE, PA	18509	150.00	
10/28/92	HAZZOURI, ALEXANDER & MARY ANN	28 FAWNWOOD DR	SCRANTON, PA	18504	25.00	
10/12/92	MORELLI, JOSEPH & LISA	14 ANDREW LANE	LANSDALE, PA	19446	50.00	
10/08/92	KANE, LAWRENCE & ISABELLE	2436 DIMMICK AVENUE	SCRANTON, PA	18509	50.00	
10/08/92	BURNE, BART DR. & BEVERLY	202 N HIGHLAND DR	PITTSTON, PA	18640	25.00	
10/08/92	CAPPELLONI, FRANK	212 LAKE SCRANTON ROAD	SCRANTON, PA		25.00	
10/13/92	MCCARTHY, GEORGE	5507 ALBIA RD	BETHESDA, MD	20816	100.00	
10/29/92	COATES, VINCENT JR. & JANE	1927 DUFFIELD LN	ALEXANDRIA, VA	22307	200.00	
10/15/92	COGNETTI, PETER MD	802 JEFFERSON AVE	SCRANTON, PA	18510	100.00	
10/29/92	DUNN, JOHN SR.	400 ORCHARD ST	SCRANTON, PA	18505	100.00	
10/06/92	STONE OFFICE EQUIPMENT, INC	122 N MAIN AVE	SCRANTON, PA	18504	50.00	
11/01/92	BELIN, DORRANCE	PO BOX 53	WAVERLY, PA	18471	500.00	
11/02/92	BELIN, SUSAN	PO BOX 53	WAVERLY, PA	18471	500.00	
10/26/92	BIOFOR, INC	PO BOX 629	WAVERLY, PA	18471	1,000.00	
10/01/92	RYAN, JOHN	1368 N WASHINGTON AVE	SCRANTON, PA	18509	50.00	4,500.00
10/12/92	ANKER KOLEN MAATSCHAPPIJ B.V.	3011 BK	ROTTERDAM		1,500.00	1,500.00
10/26/92	FITZGERALD, JAMES & SHIRLEY	PO BOX 744	WAVERLY, PA	18471	250.00	
10/19/92	SCHURKO, JOHN	205 CHURCH ST	OLYPHANT, PA	18447	20.00	

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JOSEPH M. MCDADE LEGAL DEFENSE FUND

NORTHEASTERN BANK CHECKING ACCOUNT #531-00791-9

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT	DEPOSIT AMOUNT
10/22/92	SHIBLEY, THERESA	1302 VIOLET TERRACE	WAVERLY, PA	18471	25.00	
11/02/92	MCHALE, THOMAS	535 JEFFERSON AVE 606 AMOS TOWERS	SCRANTON, PA	18510	50.00	
10/30/92	ZIOMEK, BERNARD & MARYANN	RD 1 BOX 60	JERMYN, PA	18433	250.00	
11/05/92	ROSKOS, GEORGE & JOAN	731 HARRISON AVE	SCRANTON, PA	18510	50.00	
11/05/92	BARRETT, PAUL & KATHERINE	2209 JEFFERSON AVE	DUNMORE, PA	18509	100.00	
11/05/92	LEE ELECTRIC SUPPLY CO, INC	240 HICKORY ST	SCRANTON, PA	18505	200.00	
11/05/92	DUDICK, ROBERT	285 MAIN ST	SUSQUEHANNA, PA	18847	500.00	1,445.00
10/23/92	FITZPATRICK, FENTON & MARIANNE	65 WEST PRINCETON ROAD	CYNWYD, PA	19004	1,000.00	
10/08/92	FITZPATRICK, H.B. & PATRICIA	290 LINDON LANE	MERION STATION, PA	19066	5,000.00	
10/08/92	MCDADE, PAUL DR. & ANN	407 LANSDOWNE AVENUE	CLARKS SUMMIT, PA	18411	500.00	
10/07/92	LAVIN, GEORGE JR	510 WALNUT ST 12TH FLOOR	PHILADELPHIA, PA	19106	5,000.00	
10/09/92	COLEMAN, THOMAS M.D.	76 N MAIN ST	CARBONDALE, PA	18407	100.00	
10/23/92	MCCARTY, JOHN	1208 MEDFORD ROAD	WYNNEWOOD, PA	19096	2,000.00	
11/10/92	ERWIN, JAMES	206 S. LEE ST	ALEXANDRIA, VA	22314	200.00	
11/13/92	BURACI, HENRY & JANET	STARLIGHT ROAD	CLARKS GREEN, PA	18411	500.00	
10/13/92	PARIS BUSINESS FORMS, INC	122 KIMBEL ROAD	BURLINGTON, NJ	08016	5,000.00	
10/22/92	SCANLON, JAMES				500.00	
10/14/92	HOLMES, RICHARD & ANNE	244 RAVENSCLIFF	SAINT DAVIDS, PA	19087	2,500.00	22,300.00
11/09/92	BRETTINGER, JOHN & HELEN	RD 2, BOX 330	WAYMART, PA	18472	100.00	
11/16/92	MOSKOVITZ, STUART & JANET	120 JERMYN DR	CLARKS SUMMIT, PA	18411	25.00	125.00
N/A	HARRINGTON, ED	RR 2 BOX 2154	NICHOLSON, PA	18446	100.00	
11/09/92	CORBETT, MARTIN & DOROTHY	2625 CEDAR AVE	SCRANTON, PA	18505	100.00	
11/19/92	YECK, JOHN & JOHN JR	543 EAST PINE ST	OLYPHANT, PA	18447	25.00	
11/20/92	MORGAN, M.J.	1515 PINE ST	SCRANTON, PA	18510	25.00	
11/23/92	MCDONALD, MARY	1208 QUINCY AVE	DUNMORE, PA	18510	5.00	
11/23/92	ROSSER, WALTER & GLADYS	1923 SMITH PLACE	SCRANTON, PA	18509	5.00	
11/19/92	THOMAS, PAUL & MARGARET	156 E TIOGA ST	TUNKHANNOCK, PA	18657	300.00	
11/09/92	MARIOTTI BUILDING PRODUCTS	ONE LOUIS INDUSTRIAL DRIVE	OLD FORGE, PA	18518	1,000.00	1,560.00
11/23/92	LEVY, STEVEN	213 LAKE SCRANTON ROAD	SCRANTON, PA	18505	10.00	
11/25/92	MCANDREW, TONI	STAR ROUTE	PLEASANT MOUNT, PA	18453	100.00	
11/23/92	ROMYN, MILTON & ROMAYNE	113 QUINCY AVE	DUNMORE, PA	18512	20.00	
11/30/92	WITKO, JOHN & THERESA	1006 WILLOW ST	PECKVILLE, PA	18452	20.00	

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JOSEPH M. MCDADE LEGAL DEFENSE FUND

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CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT	DEPOSIT AMOUNT
11/29/92	COLLERAN, ROBERT & JULIA	104 CIRCLE DR	MOSCOW, PA	18444-9580	5.00	
11/30/92	FIORELLI, JOSEPH	301 FRONT ST	JESSUP, PA	18434	10.00	
11/30/92	DECKER, HENRIETTA	802 SUMMIT POINTE	SCRANTON, PA	18508	10.00	
11/28/92	ROSE, LOUIS & THERESA	111 HOLLOW DR	MOSCOW, PA	18444	20.00	
11/28/92	LESNIAK, J.P., MD	PO BOX 404	LAKE WINOLA, PA	18625-0404	100.00	
11/28/92	CURTIN, EUGENE MD & MARY JEAN	422 GLENBURN ROAD	CLARKS GREEN, PA	18411	250.00	
11/25/92	SANFORD, MARILYN	306 W GROVE ST	DUNMORE, PA	18512	25.00	
11/23/92	FAHEY, DOLORES	136 TIGUE ST	DUNMORE, PA	18512	10.00	
11/25/92	PREATE, DONALD MD.	FORUM PLAZA, 225 PENN AVE	SCRANTON,PA	18503	100.00	
11/24/92	KLINE, BEN MD		DALTON, PA	18414	50.00	
11/25/92	EVERON ELECTRICAL CONTRACTORS INC	PO BOX 3717	SCRANTON,PA	18505-3717	1,000.00	1,730.00
11/30/92	HART, GERALD	502 WALES ST	SCRANTON, PA	18508	15.00	
12/02/92	BURCHARDT, HANS	126 JONSLEA LANE RD NO 2	MOSCOW, PA	18444	25.00	
12/04/92	SODANO, VIOLANDA				10.00	
12/01/92	HOLLA, SHRIPATHI MD	513 CARNATION DR	CLARKS SUMMIT, PA	18411	100.00	
11/23/92	CARTER, RANDALL & MARY MARGARET	RD 3, BOX 3428	MOSCOW, PA	18444	25.00	
11/28/92	KANE, JAMES MD & MARY	1729 QUINCY AVE	DUNMORE, PA	18509	100.00	
11/30/92	HAMILTON, FRANK & BARBARA	2 TIFFANY DR	DUNMORE, PA	18505	25.00	
11/01/92	VINCENT, THOMAS & BARBARA	25 INGHAM ROAD	BRIARCLIFF MANOR, NY	10510	500.00	
11/27/92	KARPA, MARGARET	816 CHURCH ST	JESSUP, PA	18434	6.00	
11/28/92	CODA, MARGARET	309 MAIN ST	MAYFIELD, PA	18433	50.00	
11/27/92	MAZZA, DOMINIC MD	500 WHEELER AVE	SCRANTON, PA	18510	200.00	
11/25/92	SPROUL, J. HARVEY JR	BOX 63	WAVERLY, PA	18471	500.00	
11/28/92	TURKO FUNERAL SERVICE	404 SUSQUEHANNA AVE	OLYPHANT, PA	18447	10.00	
11/30/92	PA REGIONAL TISSUE BANK	814 CEDAR AVE	SCRANTON, PA	18505	25.00	
11/27/92	HB SPROUL CONSTRUCTION CO	101 CENTER ST	CLARKS SUMMIT, PA	18411	500.00	
11/25/92	POCONO DESIGN SYSTEMS INC	785 KEYSTONE INDUSTRIAL PARK	SCRANTON, PA	18512-1589	500.00	
12/03/92	SWIFT, FRANK MD & JEAN	1510 NORTH WASHINGTON AVE	SCRANTON, PA	18509	50.00	2,641.00
12/05/92	CHECEFSKY, JOHN & BARBARA	100 RIVER ST	JESSUP, PA	18434	30.00	
12/05/92	SCAGLIOTTI, BLANCHE				10.00	
12/02/92	FANUCCI, MAMIE	303 POWELL AVE	JESSUP, PA	18434	5.00	
12/04/92	NOVAK, MILDRED & FRANK	RD 2, 111 BROOK DR	MOSCOW, PA	18444	10.00	

JOSEPH M. MCDADE LEGAL DEFENSE FUND

NORTHEASTERN BANK CHECKING ACCOUNT #531-00791-9

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT	DEPOSIT AMOUNT
12/04/92	FORDHAM, WALTER JR DDS & DORIS	RR 2 BOX 2502	FACTORYVILLE, PA	18419	200.00	
12/02/92	KOVAL, JOSEPH MD	802 JEFFERSON AVE	SCRANTON, PA	18510	100.00	
12/03/92	NE PA PLASTIC SURGERY ASSOC, LTD	1222 MARION ST	DUNMORE, PA	18509	275.00	630.00
11/28/92	O'HARA, JOSEPH	219 ASH ST	SCRANTON, PA	18509	100.00	
12/03/92	SACK, THOMAS & LOIS	15 PEN Y BRYN DRIVE	SCRANTON, PA	18505	1,000.00	
12/09/92	KAHANICK, PAULINE	816 WHEELER AVE	SCRANTON, PA	18510	5.00	
12/11/92	PENCEK, RICHARD & CAROLYN	LAKE MANATAKA, RR 2 BOX 2489	FACTORYVILLE, PA	18419	50.00	
12/08/92	GRAFF, BEATRICE	802 WHEELER AVE	SCRANTON, PA	18510	10.00	
12/10/92	FARRELL, WILLIAM MD. & LOIS	495 N ABINGTON ROAD	CLARKS SUMMIT, PA	18411	200.00	
12/09/92	GILLICK, ALAN & ANDREA	1545 CAPOUSE AVE	SCRANTON, PA	18509	200.00	
12/10/92	LOFTUS, FRANK	210 MORGAN ST	JESSUP, PA	18434	10.00	
12/07/92	PURCELL, JAMES & MARY	21 WEBSTER DRIVE	DUNMORE, PA	18512	20.00	
11/22/92	GILROY, PETER & JANE	179 POPLAR ST	ARCHBALD, PA	18403	25.00	
12/07/92	ANDERSON, NANCY & JAMES	141 CONSTITUTION AVE	JESSUP, PA	18434	5.00	
12/09/92	TARAMELLI, HELEN	1006 MYLERT ST	JESSUP, PA	18434	10.00	
12/14/92	GRAHAM, JEFFREY	223 LAUREL LN	CLARKS SUMMIT, PA	18411	100.00	
12/07/92	PATRICK, JOHN & MARGARET	2745 JACKSON ST	SCRANTON, PA	18504	100.00	
12/07/92	CALACHINO, JOSEPH & SYLVIA	208 SHORT AVE	JESSUP, PA	18434	5.00	
12/08/92	CONNOR, ANTHONY & ALMA	135 COLUMBUS CIRCLE	CLARKS SUMMIT, PA	18411	25.00	
12/10/92	CLAUSS, THOMAS & JOAN	RD 2 BOX 123	OLYPHANT, PA	18447	100.00	
12/08/92	VINCENT J VANSTON FUNERAL HOME	142 MAIN ST	SCRANTON, PA	18504	50.00	
12/10/92	JOHN P KEARNEY & ASSOCIATES, INC	2 KEYSTONE INDUSTRIAL PARK	THROOP, PA	18512-1542	1,000.00	
12/02/92	WILSON, ELSER, MOSKOWITZ, EDELMAN & DICKER	THE CURTIS CENTER, SUITE 830 EAST	PHILADELPHIA, PA	19106	250.00	3,265.00
12/15/92	ROSS, ADRIAN	5 OVERLOOK RD	CLARKS GREEN, PA	18411	100.00	
11/28/92	PETTY, HAZEL	138 LEACH HILL ROAD	CLARKS SUMMIT, PA	18411	5.00	
10/12/92	HAZZOURI, ALBERT JR DR	STATION CENTER 600 LACK AVE	SCRANTON, PA	18503	100.00	
10/12/92	WADSWORTH, GARY DMD & BARBARA	107 URLAND TER	CLARKS SUMMIT, PA	18411	100.00	
12/18/92	NAEGELE, ALFRED & PAULINE	1125 WASHBURN ST	SCRANTON, PA	18504	20.00	
12/17/92	HAHN, KON MD	141 SALEM AVE	CARBONDALE, PA	18407	50.00	
12/17/92	LARKIN, WALTER JR MD	SCRANTON CENTER 401 ADAMS AVE	SCRANTON, PA	18510	100.00	
12/17/92	PUPA, JOSEPH JR & LETITIA	38 TEDRICK ST	PITTSTON, PA	18640	100.00	
12/14/92	TODARO, SAMUEL MD	SUITE 102 746 JEFFERSON AVE	SCRANTON, PA	18510	250.00	

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JOSEPH M. MCDADE LEGAL DEFENSE FUND

NORTHEASTERN BANK CHECKING ACCOUNT #531-00791-9

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT	DEPOSIT AMOUNT
12/16/92	MARMO, T.M. MD	208 MAIN ST	MOOSIC	18507	100.00	
12/16/92	BLOMAIN, E. WILIAM MD OR ERIC BLOMAIN MD	709 MAIN ST	AVOCA, PA	18641	100.00	
10/19/92	HEINRICH, CLAVIN DDS, MSD	426 MULBERRY ST SUITE 202	SCRANTON, PA	18503	15.00	
10/09/92	GRONSKY, JOSEPH DMD	437 WEST MARKET ST	SCRANTON, PA	18508	25.00	
10/09/92	FRAGIN, HOWARD	306 GRAYSON DR	CLARKS GREEN, PA	18411	100.00	
10/14/92	GERSHEY, JOHN JR. MDM PC	401 ADAMS AVE SUITE 302	SCRANTON, PA	18510	25.00	
10/09/92	QUINN, ANTHONY DMD & JANIE	208 W GROVE ST	CLARKS SUMMIT, PA	18411	50.00	
12/16/92	SCHMALTZ, HARRY MD	231 NORTHERN BOULEVARD	CLARKS SUMMIT, PA	18411	100.00	
10/09/92	STAMPIEN, T M DR	732 PITTSTON AVE	SCRANTON, PA	18505	50.00	
10/14/92	VOINSKI, ANDREW DMD	2326 BOULEVARD AVE	SCRANTON, PA	18509-1296	50.00	
10/08/92	THRAN, DOUGLAS DMD	115 N STATE ST	CLARKS SUMMIT, PA	18411	25.00	
10/08/92	MARCHESE, WILLIAM DDS, MS	SUITE 209, 401 ADAMS AVE	SCRANTON, PA	18503	25.00	
12/16/92	GENTEX CORPORATION	MAIN STREET	CARBONDALE, PA	18407	5,000.00	
12/14/92	MESKO GLASS & MIRROR CO., INC	WYOMING AVE & NEW ST	SCRANTON, PA	18509	300.00	6,790.00
12/29/92	ROBERT ROSSI & CO. REALTY	299 MAIN ST STURGES	OLYPHANT, PA	18447	5,000.00	
12/27/92	BOROWSKI, GREGORY MD & CECH, ROSANNE MD	RD 2, BOX 14	LAKE ARIEL, PA	18436	100.00	
12/14/92	GUZEY, JOHN & LUCILLE	701 TAYLOR AVE	SCRANTON, PA	18510	5,000.00	
12/12/92	HORGER, PAUL & ADRIENNE	206 FAIRVIEW ROAD	CLARKS GREEN, PA	18411	100.00	
12/08/92	CUSICK, ROSALIND	1419 SCHLAGER ST	SCRANTON, PA	18504	300.00	
12/21/92	CAREY, WILFRED	600 LINDEN ST	SCRANTON, PA	18503	100.00	
12/14/92	PREATE, CARLON & PATRICIA	715 GLENBURN ROAD	CLARKS SUMMIT, PA	18411	250.00	
12/21/92	RIGGI, VINCENT & JOAN	512 N BLAKELY ST	DUNMORE, PA	18542	500.00	
12/09/92	MINORA, KAREN	807 N IRVING AVE	SCRANTON, PA	18510	100.00	
12/08/92	BROTMAN, SEYMOUR & KATHERINE	222 TEABERRY LANE	CLARKS SUMMIT, PA	18411-9408	25.00	
12/21/92	MILANI, FRANK MD & DORIS	201 N ABINGTON ROAD	CLARKS GREEN, PA	18411	100.00	
12/23/92	NOURIAN, ALI MD & HOMAYOUN	RD 6, BOX 6388	MOSCOW, PA	18444	100.00	
12/22/92	LOMMA, ANTHONY	632 BEECH ST	SCRANTON, PA	18505	100.00	
12/21/92	MCCARTHY, JD & CECELIA	227 S MEADE ST	WILKES-BARRE, PA	18702	500.00	
12/18/92	SWEENEY, JOHN & JEAN	PO BOX 431 THE HIDEOUT	LAKE ARIEL, PA	18436	1,000.00	
12/22/92	WANCHISEN, CAROL & RONALD	101 PLEASANT DR	CLARKS SUMMIT, PA	18411	1,000.00	
12/20/92	HUGHES, EDWARD & THERESA	10 GIARDINA DR	ARCHBALD, PA	18403	100.00	
12/15/92	T-R ASSOCIATES, INC	1 EXPORT LANE, PO BOX 116	ARCHBALD, PA	18403	1,000.00	

JOSEPH M. MCDADE LEGAL DEFENSE FUND

NORTHEASTERN BANK CHECKING ACCOUNT #531 – 00791 – 9

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT	DEPOSIT AMOUNT
12/18/92	BOSAK, CYRIL & OLGA	826 SOUTH MAIN ST	OLD FORGE, PA	18518	100.00	
12/18/92	GAZDA, ERNEST JR ATTY	116 N WASHINGTON AVE	SCRANTON, PA		250.00	
12/20/92	MCNABB, DANIEL MD	165 FALLBROOK ST	CARBONDALE, PA	18407	25.00	
12/21/92	GR NOTO, INC ELECTRICAL CONSTRUCTION	404 – 406 MAIN ST PO BOX 275	EYNON, PA	18403	500.00	
12/14/92	SCANDALE CONSTRUCTION CO, INC	PO BOX 627	SCRANTON, PA	18501	1,000.00	
12/21/92	SPECIALTY PLASTIC PRODUCTS, INC	SHERWOOD & REEVES STS	DUNMORE, PA	18512	5,000.00	22,250.00
12/22/92						
	ALLOWANCE FOR CHARGES ON FOREGIN CHECK	ANKER KOLEN MAATSCHAPPIJ B V			(20.50)	(20.50)
**********	TOTALS				221,120.50	221,120.50

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JOSEPH M. MCDADE LEGAL DEFENSE FUND

1992 CONTRIBUTIONS IN-KIND

CNTY CODE	DONOR	STREET ADDRESS	CITY, STATE	ZIP CODE	IN-KIND CONT'R VALUE	DESCRIPTION
L	PETTINATO REALTY CO, INC	1512 N. MAIN AVE	SCRANTON, PA	18508	4,500.00	OFFICE SPACE OCT - DEC 1992 (3 @ $1,500.00)
L	ROBERT T. KELLY & CO., C.P.A.'S	507 LINDEN ST, SUITE 500	SCRANTON, PA	18503	5,000.00	ACCOUNTING SERVICES
L	WALSH ASSOCIATES	530 MAIN ST	DICKSON CITY, PA	18519	2,400.00	COMPUTER SERVICES
L	FOLEY, COGNETTI & COMERFORD	507 LINDEN ST, SUITE 700	SCRANTON, PA	18503	5,000.00	LEGAL SERVICES
OO	PROFESSOR G. ROBERT BLAKEY	NOTRE DAME LAW SCHOOL	NOTRE DAME, INDIANA	46556	5,000.00	LEGAL SERVICES
TOTALS					21,900.00	

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

1993 MAY 17 PM 2 04

(10)

(Full Name)	James A. McDermott
(Mailing Address)	Post Office Box 20265, Seattle, Washington 98102
Daytime Telephone	202/225/3106 206/553/7170
Filer Status	[X] Member of the U.S. House of Representatives — State Washington District 7 — [ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

HAND DELIVERED
(Office Use Only)

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PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL James A. McDermott

DATE (Month, Day, Year) 17 May 1993

Reporting Individual's Name

James A. McDermott

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
James A. McDermott

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	NONE			

This page may be copied if more space is required.

Reporting Individual's Name
James A. McDermott

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000		
S, DC, JT — Examples: S — ABC Corporation Stock		X									X								X									X
George Wash. Credit Union Accounts				X									X								X							
182 Main Street, Dover, Delaware					X							X								X								
State of Washington Deferred Compensation Program		X											X				deferred/retirement acct.											
State of Washington Retirement Account				X									X				deferred/retirement acct.											
TIAA/CREF Annuity			X										X				deferred/retirement acct.											
Fidelity Bankers Life Annuity		X											X				deferred/retirement acct.											
Keyport Life Annuity					X								X				deferred/retirement acct.											
Mutual Shares mutual funds	X										X			X			deferred/retirementacct.											

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: James A. McDermott

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
	Key Bank (formerly Security Pacific Bank) money market acct.			X									X						X								
	Carlyle Limited Real Estate Partnership XII			X									X					X									
	Carlyle Limited Real Estate Partnership XIII				X								X						X								
	US Treasury obligations/bonds				X								X					deferred/retirement acct.									
	American Capital Pace mutual fund			X							X							deferred/retirement acct.									
	Hutton PRC Tech Partners				X						X								X								
	Manhattan Fund mutual fund			X							X								X								X
	Neuberger Guardian mutual fund			X							X							deferred/ retirement acct.									X
	Fidelity Select Money Market Fund			X									X					deferred/ retirement acct.									X
	Gabelli Funds mutual funds			X							X			X				deferred/ retirement acct.									X
	Fidelity Cash Reserve Funds			X							X								X								X
	Paine Webber Money Market Fund		X										X						X								
	Penn Mutual mutual fund			X							X			X					X								X
	Mathers Fund mutual fund			X							X								X								
	Schwab Money Market Fund		X										X						X								

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: James A. McDermott

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
	Alliance Quasar Fund		X									X								X									
	Fidelity Asset Manager			X											X					X									X

Reporting Individual's Name
James A. McDermott

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Fidelity Asset Manager	X			5/13, 6/5	X						
	Penn Mutual mutual fund	X			3/16,5/13 8/10	X						
	Fidelity Cash Reserve Funds		X		6/5	X						
	Fidelity Select Money Market Fund		X		5/13	X						
	Gabelli Funds mutual funds	X			5/29,6/18	X						
	Neuberger Guardian mutual fund	X			3/16	X						
	Manhattan Fund mutual fund		X		3/16	X						

Reporting Individual's Name
James A. McDermott

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)							
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	NONE								

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Reporting Individual's Name

James A. McDermott

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	Palo Alto Medical Foundation	March 21	Wash., DC - San Francisco - Seattle	Y	Y	None	None
	League of Women Voters of Albany County, New York	March 30	New York City - Albany - Washington, DC	N	Y	None	None
	Northern Calif. Chapter, Inc American College of Surgeons	May 16	Seattle - San Francisco - Seattle	N	Y	None	None
	American Association of Physicians from India	June 26-27	Washington, DC - Detroit - Seattle	Y	Y	None	None
	ALL TRAVEL NOTED ABOVE WAS UNDERTAKEN TO DELIVER SPEECHES ON HEALTH CARE ISSUES.						

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Reporting Individual's Name

James A. McDermott

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Member, Board of Sponsors	Washington Physicians for Social Responsibility
Member, Honorary Board of Trustees	Northwest AIDS Foundation
Member, Panel of Advisors	The Maritime Museum
Member, Board of Advisors	World Affairs Council
Ex Officio Associate	Pacific Science Center Foundation
Member, Visiting Committee	Jackson School of International Studies, University of Washington

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 28.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1982 50-638A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
MAY 19 PM 2 57

(13)
MAY 17 1993
MC
(Office Use Only)

Paul McHale
(Full Name)

523 8th Avenue
(Mailing Address)

(202) 225-6411
Daytime Telephone

Bethlehem, PA 18018

Filer Status	[X] Member of the U.S. House of Representatives	State PA District 15th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Paul McHale **DATE (Month, Day, Year)** May 17, 1993

2114

Reporting Individual's Name
PAUL McHALE

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
See attached 1992 Federal Income Tax Return			
Law office of Paul McHale (1992 Gross Income)		Legal Fees	$ 13,190.00
U.S. Marine Corps (Reserve / Active Duty Pay)		Military Pay	N/A
Commonwealth of Pennsylvania (Spouse Salary)		Legislative Salary	N/A
Seript - Tech Communications, Inc (Spouse Salary)		Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
PAUL McHALE

SCHEDULE II – PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	None	N/A	N/A	N/A

This page may be copied if more space is required.

Reporting Individual's Name

PAUL McHALE

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X									X
		George Wash. Credit Union Accounts				X									X									X							
		182 Main Street, Dover, Delaware					X							X									X								
	See Attached 1992 Federal Income Tax Return (B, D + E)																														
	Legislative Pension (Comm of PA)					X																									
	See Attached PSE Client Portfolio Summary						X																								
	Meridian Bank Accounts					X									X							X									
	Greater Bethlehem S&L Accts.				X										X						X										
	Northwestern Mutual Insurance				X										X						X										

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: PAUL McHALE

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
		Year End Value (X)										Type of Income (X)								Category of Amount of Income (X)									
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
Air Products & Chemicals, Inc.				X								X								X									
Keystone Tax Exempt Trust				X								X									X								
Keystone Series B-2				X								X									X								
See Attached PSG Summary						X																							

Schedule III – Continuation

Reporting Individual's Name

Paul McHale

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	None											

Schedule IV

Reporting Individual's Name

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Greater Bethlehem Savings + Loan	Personal Loans		X					
JT	Ford Motor Credit Corp	Auto Loan		X					

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
None	N/A	N/A

Use additional sheets if more space is required.

Reporting Individual's Name

Paul M. Hole

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	None	N/A	N/A	N/A	N/A	N/A	N/A

This page may be copied if more space is required.

Reporting Individual's Name

PAUL McHALE

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Director	Branson Plantation, Inc.
Advisory Board Member	Boy Scouts of America (Minsi Trails Council)
Advisory Board Member	Bethlehem YWCA
Advisory Board Member	Ben Franklin Partnership
Board Member	Chilonen's Festival (Bethlehem, PA)

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1982 66-638A (m)

Department of the Treasury – Internal Revenue Service

Form **1040** **U.S. Individual Income Tax Return 1992**

IRS use only — Do not write or staple in this space.

For the year Jan.–Dec. 31, 1992, or other tax year beginning , 1992, ending , 19 | OMB No. 1545-0074

(See inst. L on p. 10.) Use the IRS label. Otherwise please print or type. LABEL HERE

Paul F. McHale Jr.
Katherine M. McHale
523 Eighth Avenue
Bethlehem, PA 18018

COPY

Your social security no. 187-42-1831

Spouse's social security no. 538-58-5317

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Presidential Election Campaign (See page 10.)

Do you want $1 to go to this fund? X Yes No

If a joint return, does your spouse want $1 to go to this fund? X Yes No

Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status (See page 10.) Check only one box.

1 Single

2 X Married filing joint return (even if only one had income)

3 Married filing separate return. Enter spouse's SSN above & full name here. ▶

4 Head of household (with qualifying person). (See page 11.) If qualifying person is a child but not your dependent, enter child's name here. ▶

5 Qualifying widow(er) with dependent child (yr. spouse died ▶ 19). (See page 11.)

Exemptions (See page 11.)

6a X Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2

b X Spouse

No. of boxes checked on 6a and 6b ▶ 2

c Dependents:

(1) Name (first, initial, and last name)	(2) Chk if under age 1	(3) If age 1 or older, dependent's social security number	(4) Dependent's relationship to you	(5) No. of mo. lived in your home in 1992
Matthew McHale		162-70-2717	Son	12
Mary McHale		162-70-2594	Daughter	12
Luke McHale		165-72-1522	Son	12

If more than six dependents see page 12.

No. of your children on 6c who:
- lived with you 3
- didn't live with you due to divorce or separation (see page 13)

No. of other dependents on 6c

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶

e Total number of exemptions claimed

Add numbers entered on lines above ▶ 5

Income

Attach copy B of your Forms W-2, W-2G, and 1099-R here.

If you did not get a W-2, see page 9.

Attach check or money order on top of any Forms W-2, W-2G, or 1099-R.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	53,650.
8a	Taxable interest income. Attach Schedule B if over $400	8a	743.
b	Tax-exempt interest income (see page 15). DO NOT include on line 8a. 8b		
9	Dividend income. Attach Schedule B if over $400	9	151.
10	Taxable refunds, credit, or offsets of state and local income taxes from worksheet on page 16	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	7,103.
13	Capital gain or (loss). Attach Schedule D	13	
14	Capital gain distributions not reported on line 13 (see page 15)	14	265.
15	Other gains or (losses). Attach Form 4797	15	
16a	Total IRA distributions 16a	b Taxable amount (see page 16) 16b	
17a	Total pensions & annuities 17a 4,522.	b Taxable amount (see page 16) 17b	0.
18	Rents, royalties, partnerships, estates, trusts, etc. Attach Schedule E	18	33.
19	Farm income or (loss). Attach Schedule F	19	
20	Unemployment compensation (see page 17)	20	
21a	Social security benefits 21a	b Taxable amount (see page 17) 21b	
22	Other income	22	
23	Add the amounts in the far right column for lines 7 through 22. This is your **total income** ▶	23	61,945.

Adjustments to Income (See page 18.)

24a	Your IRA deduction from applicable worksheet on page 19 or 20	24a	
b	Spouse's IRA deduction from applicable worksheet on page 19 or 20	24b	
25	One-half of self-employment tax (see page 20)	25 502.	
26	Self-employed health insurance deduction (see page 20)	26	
27	Keogh retirement plan & self-employed SEP deduction	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid. Recipient's SSN ▶	29	
30	Add lines 24a through 29. These are your **total adjustment** ▶	30	502.

Adj. Gr. Income 31 Subtract line 30 from line 23. This is your **adjusted gross income.** ▶ 31 61,443.

H896
21040—1/11-19-92

Form 1040 (1992) Paul F. McHale Jr. & Katherine M. McHale 187-42-1831 Page 2

Tax Computation	32	Amount from line 31 (adjusted gross income)	32	61,443.
	33a	Check if ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 33a		
	b	If your parent (or someone else) can claim you as a dependent, check here ▶ 33b		
	c	If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 22 and check here ▶ 33c		
(See page 22.)	34	Enter the larger of your: Itemized deductions from Schedule A, line 28, OR Standard deduction shown below for your filing status. But if you checked any box on line 33a or b, go to page 22 to find your standard deduction. If you checked box 33c, your standard deduction is zero. • Single — $3,600 • Head of household — $5,250 • Married filing jointly or Qualifying widow(er) — $5,000 • Married filing separately — $3,000	34	19,718.
	35	Subtract line 34 from line 32	35	41,725.
	36	If line 32 is $78,950 or less, multiply $2,300 by the total number of exemptions claimed on line 6e. If line 32 is over $78,950, see the worksheet on page 23 for the amount to enter	36	11,500.
If you want the IRS to figure your tax, see page 23.	37	Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	37	30,225.
	38	Enter tax. Check if from a ☒ Tax Table, b ☐ Tax Rate Schedules, c ☐ Schedule D, or d ☐ Form 8615 (see page 23). Amount, if any, from Form(s) 8814 ▶ e	38	4,534.
	39	Additional taxes (see page 23). Check if from a ☐ Form 4970 b ☐ Form 4972	39	
	40	Add lines 38 and 39 ▶	40	4,534.
Credits (See page 23.)	41	Credit for child and dependent care expenses. Attach Form 2441 — 41: 960.		
	42	Credit for the elderly or the disabled. Attach Schedule R — 42		
	43	Foreign tax credit. Attach Form 1116 — 43		
	44	Other credits (see page 24). Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form — 44		
	45	Add lines 41 through 44	45	960.
	46	Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- ▶	46	3,574.
Other Taxes	47	Self-employment tax. Attach Schedule SE. Also, see line 25	47	1,004.
	48	Alternative minimum tax. Attach Form 6251	48	
	49	Recapture taxes (see page 25). Check if from a ☐ Form 4255 b ☐ Form 8611 c ☐ Form 8828	49	
	50	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	50	
	51	Tax on qualified retirement plans, including IRAs. Attach Form 5329	51	
	52	Advance earned income credit payments from Form W-2	52	
	53	Add lines 46 through 52. This is your total tax ▶	53	4,578.
Payments	54	Federal income tax withheld. If any is from Form(s) 1099, check ▶ ☐ — 54: 6,956.		
Attach Forms W-2, W-2G, and 1099-R to page 1.	55	1992 estimated tax payments and amount applied from 1991 return — 55		
	56	Earned income credit. Attach Schedule EIC — 56		
	57	Amount paid with Form 4868 (extension request) — 57		
	58	Excess social security, Medicare, and RRTA tax withheld (see page 26) — 58		
	59	Other payments (see page 26). Check if from a ☐ Form 2439 b ☐ Form 4136 — 59		
	60	Add lines 54 through 59. These are your total payments ▶	60	6,956.
Refund or Amount You Owe Attach check or money order on top of Form(s) W-2, etc., on page 1.	61	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID ▶	61	2,378.
	62	Amount of line 61 you want REFUNDED TO YOU ▶	62	2,378.
	63	Amount of line 61 you want APPLIED TO YOUR 1993 EST. TAX ▶ 63: 0.		
	64	If line 53 is more than line 60, subtract line 60 from line 53. This is the AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1992 Form 1040" on it	64	
	65	Estimated tax penalty. Also include on line 64 — 65		

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this return for your records.

▶ Your signature | Date | Your occupation: Legislator

▶ Spouse's signature. If joint return, BOTH must sign. | Date | Spouse's occupation: Legislator

Paid Preparer's Use Only

Preparer's signature ▶ Amos G Kunkle CPA | Date 04-15-93 | Check if self-employed ☒ | Preparer's social security no. 181-32-2880

Firm's name (or yours if self-employed) and address ▶ Amos G. Kunkle, CPA, 1414 Millard Street, Bethlehem, PA | E.I. No. 23-2381062 | ZIP code 18018

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PAGE NO. 1
01/31/93

PAUL & KATHY McGALE

CLIENT PORTFOLIO SUMMARY

SECURITY	ACCOUNT	MATURITY	SHARES OR FACE VALUE	COST	VALUATION	VALUE AS OF
** Cash and Cash Equivalents						
Bear Stearns Credit Balance	RPO		0	0	92	01/31/93
Greater Bethlehem Money Market	CLJS		0	0	35	01/31/93
Greater Bethlehem Money Market	RPO		0	0	1,240	01/31/93
** Subtotal **				0	1,367	
** Fixed Income-Taxable						
CATS Series R	RPO	08/15/04	20,000	4,566	8,759	01/31/93
Freddie Mac P00830022	RPO	07/01/17	3,945	3,945	4,150	01/31/93
GSIF R	RPO		4,688	4,980	2,438	01/31/93
** Subtotal **				13,491	15,347	
** Tax Advantaged						
Keystone Tax Exempt	CLJS		3,128	24,000	34,998	01/31/93
Keyflex p/d 3-4-87	RPO		0	14,000	20,608	01/31/93
** Subtotal **				38,000	55,606	
*** Total ***				51,491	72,320	

PAGE NO. 1
01/31/93

PAUL & KATHY McNALE

INSURANCE UPDATE

	POLICY NUMBER	TOTAL PREMIUMS	CURRENT VALUE	DEATH BENEFIT
** Client's sole property				
Universal Life-LOV	N02175044	21,000	32,446	125,000
** Subtotal **		21,000	32,446	125,000
** Spouse's sole property				
Single Premium Life-LOV	002175043	15,000	21,196	89,014
** Subtotal **		15,000	21,196	89,014
*** Total ***		36,000	53,642	214,014

Note: May be subject to substantial penalty for early surrender.
Contract #0021755043 has an outstanding loan of $38.91.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

JOHN M. McHugh
(Full Name)

Box 863, 4655 RAILROAD ST., PIERREPONT MANOR, N.Y. 13674
(Mailing Address)

Daytime Telephone (315) 465-5261

Filer Status	[X] Member of the U.S. House of Representatives	State NEW YORK District 24 C.D.	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date.

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MC (Office Use Only)

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PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
John M. McHugh	May 15, 1993

Reporting Individual's Name

JOHN M. McHugh

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NEW YORK STATE SENATE	LEGISLATIVE SALARY	57,500
	NEW YORK STATE SENATE	COMMITTEE CHAIR STIPEND	9,000
	NEW YORK STATE SENATE	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
JOHN M. McHugh

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	NONE			

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Reporting Individual's Name
JOHN M. McHugh

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X									X
			George Wash. Credit Union Accounts				X								X									X							
			182 Main Street, Dover, Delaware					X						X									X								
	KEYBANK NA STOCK					X							X								X										
	KEYBANK NA C.D.					X									X						X										
	NORTHSTAR BANK, WATERTOWN C.D.					X									X							X									
	MARINE MIDLAND BANK SAVINGS					X									X							X									
	STATE EMPLOYEE FEDERAL CREDIT UNION - SAVINGS						X								X							X									
S	STATE EMPLOYEE FEDERAL CREDIT UNION -			X											X						X										

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JOHN M. McHugh

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	
	PERSONAL LOAN TO CAMPAIGN FUND			X														X										

Schedule III – Continuation

Reporting Individual's Name
JOHN M. McHugh

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	NONE											

Reporting Individual's Name
JOHN M. McHugh

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	KEYBANK, WATERTOWN, N.Y.	LOAN on RECREATIONAL BOAT		X					
S	KEY BANK, ALBANY, N.Y.	LAW School LOAN	X						

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual; and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Reporting Individual's Name

JOHN M. McHugh

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	None						

This page may be copied if more space is required.

Reporting Individual's Name

JOHN M. McHugh

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
NONE	

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1992 80-836A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

1993 MAY 13 PM 3:27

Scott McInnis
(Full Name)

Box 1[illegible]
Glenwood Springs, Colorado 81601 (Mailing Address)

Daytime Telephone 303-876-5704

Filer Status	[Y] Member of the U.S. House of Representatives — State CO District 3rd	[ ] Officer or Employee	Employing Office
Report Type	[Y] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

MC (6)
HAND DELIVERED
(Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes	[X]	No	[ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II**	Yes	[ ]	No	[X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes	[X]	No	[ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes	[X]	No	[ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes	[X]	No	[ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes	[ ]	No	[X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes	[ ]	No	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL — Scott McInnis

DATE (Month, Day, Year) 5/12/93

Reporting Individual's Name
Scott McInnis

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Scott McInnis & Associates, P.C.	Salary	18,000
	American Banco Corp.	Spouse Salary	N/A
	State of Colorado	Salary	15,625

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name: Scott McInnis

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)										Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000			DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S — ABC Corporation Stock			X									X									X								X
DC — George Wash. Credit Union Accounts				X										X									X						
JT — 182 Main Street, Dover, Delaware						X							X									X							
JT — Alpine Banks of Colorado Stock							X					X							X										
JT — Colorado National Bank Stocks/Savings				X								X		X	X											X			
S — Alpine Bank Savings Account #1713-813						X								X								X							

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Scott McInnis

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Scott McInnis & Associates, P.C.				X							X						(see also Part I)							X			
	Mutual of Omaha IRAs/Mutual Fund				X									X						X								
	Colorado National Bank IRAs				X									X							X							
	1st Federal Savings Bank (Deferred Income)				X									X								X						
JT	Investment Partnership (50% ownership					X						X		X							X							
	Colorado National Bank Stock)																											
S	David Smith Ranches, Inc. (stock)			X								X								X								
JT	Western Capitol Bank Stock	X													X									X				
	State of Colorado PERA			X										X								X						
JT	1224 Grand Avenue, Glenwood Springs						X						X									X						

Reporting Individual's Name: Scott McInnis

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Colorado National Bank	Line of Credit		X					
	Student Loan Association	Student Loan	X						

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Reporting Individual's Name
Scott McInnis

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
President (uncompensated)	Scott McInnis and Associates, P.C. (inactive corporation)
Member (uncompensated)	Mesa College Foundation
Investment Partnership	(see schedule III)

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26

Date	Parties To	Terms of Agreement

GPO 1983 89-835A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1993 JUN 11 PM 12: 27
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
1
HAND DELIVERED
MC
(Office Use Only)

Scott Helmuts
(Full Name)

Box 1
Glenwood Springs, Colorado
(Mailing Address)

Daytime Telephone: 202-225-4761

Filer Status	[x] Member of the U.S. House of Representatives	State / District	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 15)	[x] Amendment	[ ] Termination	Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [ ]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [x]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [ ]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Scott Helmuts

DATE (Month, Day, Year): 6/10/93

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 12

8

HAND DELIVERED

MC
(Office Use Only)

Howard P. "Buck" McKeon
(Full Name)

307 Cannon Bldg., Washington, D.C. 20515
(Mailing Address)

(202) 225-1956
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: Calif. District: 25TH	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Howard P. "Buck" McKeon	**DATE (Month, Day, Year)** May 12, 1993

Reporting Individual's Name
Howard P. "Buck" McKeon

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Howard + Phils Western Wear	Salary	329,501
	City of Santa Clarita	Salary	3,090
	Russon Financial Services	Renewal Commission	2,392
	Valencia National Bank	Director's Fee	2943
	Howard + Phils Western Wear	Spouses Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Howard P. "Buck" McKeon

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						BLOCK C Income: Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X								X								X
	George Wash. Credit Union Accounts				X								X										X					
	182 Main Street, Dover, Delaware					X							X									X						
JT	Rancon Dev. Fund VI			X										X	X				X									
JT	Larry Phair - Loan			X										X					X									
JT	McKeon Bros. a Partnership (1% Interest)																											
	Leasehold - 19415 Soledad Cyn Rd. C.C.				X								X											X				
	Rental House - 30007 Grandiflora C.C.					X							X										X					
	Rental Condo - 24444-B Hampton Dr. Val.					X							X										X					

For additional assets and unearned income, use next page

Schedule III

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Howard P. "Buck" McKeon

S, DC, JT	BLOCK A Asset and/or Income Source: You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	BLOCK B Valuation of Asset: Year End Value (X) — None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
JT	Charles Schwab + Co - Accounts				X							X		X								X							
JT	Howard + Phils Western Wear - Loan						X							X										X					
JT	Valencia Nat. Bank - Check - Acct					X								X								X							
JT	Howard + Phil Ent, Inc. - Corp Stock									X								None	X										
	Valencia Nat. Bank - Corp. Stock				X														X										
	Arkla Inc. - Common Stock			X								X								X									
	Nationwide Health PPTYS - Common Stock				X							X										X							
	Tenneco Inc. " "			X								X									X								
	Fid Cash Res. Fund - Money Market Fund		X											X						X									
	Fid. Balanced Fund - Mutual Fund Shares			X								X								X									
	Fid. Select Am. Gold - " " "		X									X								X									
	Fid. " Utilities - " "			X								X								X									
	Chemtrak - Common Stock			X														None	X										
	Charles Schwab - IRA (Including)																												
	Callaway Gulf - Common Stock			X														None	X										

[redacted]

Reporting Individual's Name: Howard P. "Buck" McKeon

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Con. Ed. Co. - N.Y. - Common Stock			X								X								X									
	Nationwide Health - PPTYS " "			X								X									X								
	Occidental Pet. Corp. " "			X								X								X									
	Tenneco Inc. " "			X								X								X									
	Lexington Gold Fund - Mut. Fund Shares	X										X								X									
	Vanguard Spec. Gold - " " "			X								X								X									
	Schwab M. M. Fund - Money Mkt. Fund			X								X								X									
	Charles Schwab IRA (Including)																												
	Franklin Quest Co.			X								X							X										
	Mellon Bank C.P. - Preferred Stock			X								X									X								
	Nat Fuel Gas Co - Common Stock			X								X								X									
	Occidental Pet. Corp - " "			X								X								X									
	Fid Sel. Util. - Mut. Fund Shares			X								X								X									
	Lexington Gold Fund - " " "			X								X								X									
	Vanguard Spec Gold - " " "			X								X								X									

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Howard P "Buck" McKeon

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Schwab Money Mkt. Fund			X								X								X									
	Callaway Golf Co - Common Stock			X								X							X										
	Franklin Quest Co			X								X							X										
	Dean Witter Liquid Assets - Cash Acct.			X										X						X									
	Condo - 1120 Village Rd #305, Beaver Creek, Colo						X						X											X					

Schedule III—Continuation

Reporting Individual's Name
Howard P. "Buck" McKeon

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Citicorp - P.O. Box 790016, St. Louis, Mo. 63179-0016	Mortgage - 1120 Village Rd. #305, Beaver Creek, Colo.				X			
	Valencia Nat. Bank - 23920 Valencia Blvd, Valencia, Ca 91355	" - 30007 Grandi Floras Rd, Canyon Country			X				
	1st Fid. Bank - 401 Wilshire Blvd, Santa Monica 90401	" - 24444-B Hampton Dr., Valencia		X					

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
Howard P. "Buck" McKeon

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
City Councilman	City of Santa Clarita - Term ended April '92
Chairman - Board of Directors	Valencia National Bank - Resigned '92
Board Member	Canyon Country Chamber of Commerce - Resigned '92

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement
Dec. '92	McKeon Brothers	Reduced salary and responsibilities with
		regard to family business as approved
		by Committee on Standards of
		Official Conduct

GPO: 1988 89-088A (pb)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF CLERK, U.S. HOUSE OF REPRESENTATIVES
1993 MAY 13 AM 10: 38
U.S. HOUSE OF REPRESENTATIVES

(2)

MC HAND DELIVERED
(Office Use Only)

Cynthia A. McKinney
(Full Name)

P.O. Box 371016
(Mailing Address)

Decatur, GA 30037

Daytime Telephone: 225-1605

Filer Status	☑ Member of the U.S. House of Representatives	State: Georgia District: 11	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes ☑	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes ☐	No ☑
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes ☐	No ☑	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes ☐	No ☑	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes ☐	No ☑
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes ☐	No ☑	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes ☐	No ☑	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See instructions, page 10.)	Yes ☐	No ☑
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Cynthia McKinney	5/12/93

2151

Reporting Individual's Name
Cynthia A. McKinney

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Agnes Scott College	Teaching Fee	$ 2,300
	Georgia General Assembly	Legislative Fees	$ 11,900
	Brunswick Community Action Authority	Honorarium	650
	N.A.A.C.P	Honorarium	350

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES

42

MC HAND DELIVERED
(Office Use Only)

JOHN ALEXANDER McMILLAN III
(Full Name)

401 CANNON HOB
(Mailing Address)

WASHINGTON D.C. 20515
Daytime Telephone: 225-1976

Filer Status	✓ Member of the U.S House of Representatives	State: N.C. District: 9	☐ Officer or Employee	Employing Office:
Report Type	✓ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes ☐	No ✓	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes ☐	No ✓
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes ✓	No ☐	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes ☐	No ✓
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes ✓	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes ✓	No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes ✓	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes ☐	No ✓
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes ☐	No ✓	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10)	Yes ☐	No ✓
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ✓

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: J. Alex McMillan III

DATE (Month, Day, Year): June 18, 1993

2153

Reporting Individual's Name
John Alexander McMillan III

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
John Alexander McMillan III

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	Mecklenburg County Medical Society	Speech	1/92	$ 5,000
	Smokeless Tobacco Council	Speech	6/26/92	1,000
	Bluecross Blueshield Association	Speech	11/30/92	2,000
	Woodberry Forest School	Speech	11/2/92	200

This page may be copied if more space is required.

Schedule II

Reporting Individual's Name
JOHN ALEXANDER McMILLAN III

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
JT			1ST UNION NAT BANK-S	X											X						X									
			" " " " -C			X									NA									NA					NA
JT			" " " " -MM				X								X							X								X
			CONG. FED. CRDT. UNION			X									X							X								
			JAS. M. MYERS - FULL DIS-																											
			CLOSURE ACT. (1)																											

For additional assets and unearned income, use next page

(1) See Addendum A

Schedule III

2156

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John Alexander McMillan III

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Alex Brown Res. Fund				X							X										X							X
	Bandag - A - Stk			X								X									X								
	Bandag - Stk			X								X								X									
	Berkshire Hath. - Stk			X														N/A											
	CPC Inc. - Stk			X								X								X									X
	Colgate - Stk			X								X								X									
	Crown Cork - Stk			X														N/A											
	Ecolab - Stk			X								X								X									X
	Emerson El. - Stk			X								X									X								
	Gen Mills - Stk			X								X								X									X
	Gillette - Stk			X								X								X									X
	W.W. Grainger - Stk			X								X								X									X
	Hershey - Stk			X								X								X									
	Hon Inds - Stk			X								X								X									X
	Ill. Tool Wks - Stk			X								X								X									X

You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John Alexander McMillan III

Block A: Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	S, DC, JT	Block B: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	Block C: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Block D: Transaction (X)
Interpublic Gp. - Stk				X								X								X									
Tuno Ltd. - Stk				X								X								X									X
Leggett + Platt - Stk				X								X								X									X
Minn. Min. + Mfg. - Stk				X								X									X								
Nucor - Stk					X							X								X									
Pepsico - Stk				X								X								X									
Philip Morris - Stk				X								X								X									
Premier Ind. - Stk				X								X								X									
Rollins - Stk				X								X								X									X
Rubbermaid - Stk				X								X								X									
Sealed Air - Stk				X														JK											X
Sonoco Prod.				X								X								X									X
Thomas - Betts				X								X								X									X
UST - Stk				X								X									X								

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JOHN ALEXANDER McMILLAN III

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	VISHAY TECH - STK			X														NA		X									X
	WATTS IND - STK			X								X								X									
	WARNER LAMBETH - STK											X								X									X
	EASTMAN KODAK - STK											X								X									X
	SCHERING PLOUGH - STK											X						NA											X
	WARNER LAMBETH - STK														X						X								X
	EASTMAN KODAK - STK														X		(LOSS)				X								X
	SCHERING PLOUGH - STK														X		(LOSS)				X								X
	COOPER INDS - STK											X								X									
	" " "														X		(LOSS)				X								X
	EQUIFAX - STK											X								X									
	" "														X						X								X
	CHUBB - STK											X								X									
	" "														X						X								X
	BRISTOL MYERS SQ - STK											X									X								

Schedule III – Continuation

Reporting Individual's Name: John Alexander McMillan

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	Bristol Myers-Sq-Stk														X					X									X
	Hannaford Bros - Stk											X							X										
	" "														X					X									X
	Carlisle Co. - Stk											X							X										
	" " "														X			(LOSS)		X									X
	Crawford Co. - A - Stk											X							X										
	"														X						X								X
	Johnson-Johnson - Stk											X							X										
	" " "														X							X							X
	Alberto Culver - Stk											X							X										
	" "														X						X								
	Lawson Prod. - Stk											X							X										
	" "														X			(LOSS)		X									X
	Wilco Chem - Stk											X							X										
	" " "														X						X								X

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name: John Alexander McMillan III

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)										Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Jas. M. Myers - Act # 2																												
Alex Brown Cash Res.				X								X								X								X
1st Union Corp - Stk					X							X									X							
Rudick Corp. - Stk					X							X									X							
Jas. M. Myers - IRA																												
Alex Brown Cash Res				X								X								X								X
Ecolab - Stk				X								X								X								X
Gen Mills - Stk				X								X								X								X
Gillette - Stk				X								X								X								
Hunt Mfg - Stk				X								X								X								
Watts Ind - Stk				X								X								X								
Hutton Timber Pts. LTD.				X							Net Assets							Ord. Loss		X								
Silver Bullion															X			(Loss)					X					X
Justice Oil & Gas, Pty. LTD.				X							Net Assets							N/A										

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John Alexander McMillan III

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) – None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) – DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) – None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	McMillan Co. - Sub. S-Corp.	X																Gen. Loss		X	(LOSS)								
S	1st Union Nat. Bank - C			X															X										
S	" " " - S	X												X						X									
S	Cong. Fed. Credit Union	X												X						X									
S	Hillwater Syndicate			X								X								X									
S	1st Union Nat. Bank - TUA																												
	Nuveen Tax Exempt Bd. Fd.	X												X							X								X
	N.C. Highway Bds.	X												X							X								X
	"														X			(LOSS)			X								
	N.C. Hsg. Fin. Agency Bd.			X											X						X								✓
	N.C. Tax Exempt Bd. Fd.						X								X									X					X
	"														X						X								
	Common Stk. Fund						X					X		X									X						X
	"														X			(LOSS)		X									

Schedule III – Continuation

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John Alexander McMillans

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: None	Less than $1,001	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.																												
	Ruddick Corp. Stk			X								X								X									
	Nuveen Tax Ex. M/M Fd.			X										X						X									
S	Jas. M. Meyers - Full Discretion																												
	Alex Brown Cash Res Fd			X										X							X								X
	CPC Int. - Stk			X								X								X									X
	Colgate - Stk			X															X										X
	Dun + Bradstreet - Stk			X								X								X									X
	Emerson El. - Stk			X								X								X									X
	Gillette - Stk			X								X								X									X
	Illinois Tool Wks - Stk			X								X								X									X
	Rollins, Inc. - Stk			X								X								X									X
	Thomas - Betts - Stk			X								X								X									X
	Bristol Myers Stk	X										X								X									X
	" "														X			(LOSS)											X
	Chubb	X										X								X									X

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John Alexander McMillan III

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.																												
	CHUBB - STK														X					X									
	Shering Plough	X													X			(LOSS)											X
S	Henry M. Crane Props. LTD.	X																Ordinary		X									
S	Furman Co. 25% Int.																												
	- Minyard Cor. Pleasant Ang. Br.				X													NOT				X							
	- Smugglers Inn Greenway S.C.					X												RENTAL					X						
S	McMillan Co. - Sub S-Sol		X															Ordinary	X	(LOSS)									
S	600 oz. Silver Bullion	X													X			(LOSS)				X							X
S	Thas. M. Myers - IRA																												
	Alex Brown Cash M. Fd.			X										X					X										X
	Pepsico - Stk.			X								X							X										X
	Emerson Elec. - Stk			X								X							X										X
	UGI Corp - Stk.			X								X							X										X
	Grand Metro	X																											X
	U.S. Treas	X																											X

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: John Alexander McMillan III

Continuation Sheet (if needed)

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset – Year End Value (X): None	A: Less than $1,001	B: $1,001 - $15,000	C: $15,001 - $50,000	D: $50,001 - $100,000	E: $100,001 - $250,000	F: $250,001 - $500,000	G: $500,001 - $1,000,000	H: over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income – Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): None	I: Less than $201	II: $201 - $1,000	III: $1,001 - $2,500	IV: $2,501 - $5,000	V: $5,001 - $15,000	VI: $15,001 - $50,000	VII: $50,001 - $100,000	VIII: $100,001 - $1,000,000	IX: over $1,000,000	BLOCK D Transaction (X)
S	Liberty Life Trust - 25%																												
	Irrevocable								X			X												X					
S	R. B. Houston Res. Trust. 25%				X							X		X							X								
S	B. North Boice Irr. Trust. 25%				X							X										X							

Page 13 of 21

Schedule III – Continuation

Reporting Individual's Name
JOHN ALEXANDER McMILLAN III

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
JT	1st Union Nat. Bank - Premium m/m Act	X			various			X				
	"		X		various				X			
	Jas. Myers - Full Disc. Act.											
	Alex Brown Cash Res. Fund	X			various				X			
	"		X		various				X			
	CPC Int. Com. Stk.	X			3/18	X						
	Ecolab " "	X			6/15	X						
	Gen. Mills " "	X			4/3	X						
	Gillett " "	X			3/20	X						
	W.W. Grainger " "	X			7/16	X						
	Hon Inds " "	X			7/13	X						
	Ill. Tool Wks. " "	X			4/8	X						
	" " "	X			6/26	X						
	Juno Lighting " "	X			6/10	X						
	Leggett-Platt " "	X			7/9	X						
	Rollins Inc. " "	X			7/16	X						
	Sealed Air Cp. " "	X			11/12	X						

Reporting Individual's Name
John Alexander McMillan III

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Sonoco Prods. Com. Stk.	X			6/15	X						
	Thomas-Betts " "	X			4/23	X						
	Vishay Tech " "	X			11/17	X						
	Warner Lambeth " "		X		2/27	X						
	Eastman Kodak " "		X		2/28	X						
	Scheering Plough " "	X			2/27	X						
	" " "		X		4/15	X						
	Cooper Inds " "		X		5/8	X						
	Equifax " "		X		6/3	X						
	Chubb " "		X		7/17	X						
	Bristol Myers Sq " "		X		9/10	X						
	Hannaford Bros. " "		X		9/17	X						
	Carlisle Cos. " "	X			7/21	X						
	" " "		X		9/23	X						
	Crawford Co. A. " "		X		9/23	X						
	Johnson-Johnson " "		X		10/1	X						
	Alberto Culver " "		X		11/17	X						

Reporting Individual's Name
John Alexander McMillan

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Lawson Prods. Com. Stk	X			3/18	X						
	" " " " "		X		4/17	X						
	Nalco Chem. " "		X		4/17	X						
	Jas. Myers - Act. # 2											
	Alex Brown Cash Res. Fund.	X			various	X						
	Jas. Myers - IRA											
	Alex Brown Cash Res. Fund	X			various	X						
	"		X		various	X						
	Ecolab Com. Stk.	X			6/25	X						
	Gen Mills " "	X			4/10	X						
	600 oz. Silver Bullion		X		12/29	X						
S	1st Union National Bank - T/U/A											
	Nuveen Tax Exempt Bond Fund	X			various		X					
	"		X		various		X					
	N.C. Highway Bond		X		5/1	X						
S	600 oz. Silver Bullion	X			12/29	X						

Reporting Individual's Name
John Alexander McMillan

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
S	Jas. Myers - Full Disc. Act.											
	Alex Brown Cash Res. Fund.	X			various		X					
	"		X		various		X					
	CPC Inc. Com. Stk.	X			3/18	X						
	Colgate " "	X			12/16	X						
	Dun-Bradstreet " "	X			11/5	X						
	Emerson El " "	X			5/18	X						
	Gillette " "	X			3/12	X						
	Illinois Tool " "	X			6/18	X						
	Rollins Inc. " "	X			7/24	X						
	" " "	X			7/14	X						
	Bristol Myers " "	X			1/30	X						
	" " " "		X		9/4	X						
	Chubb " "	X			2/27	X						
	" " "		X		7/17	X						
	Schering Plough " "	X			3/18	X						
	" " " "		X		4/15	X						

Reporting Individual's Name
Tobias Alexander Mills, III

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
S	Thos. Myers - IRA											
	Alex Brown Cash Res. Fund.	X			various	X						
	" " " "		X		various	X						
	Emerson Elec. Com. Stk.	X			5/26	X						
	UGI Corp. " " "	X			8/17	X						
	Ground Metro		X		2/10	X						
	U.S. Treas. Bonds.		X		8/17	X						

2170

Reporting Individual's Name
Robin Alexander McMillan

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT.	Cong. Fed. Credit Union								
	Washington, D.C.	Auto Loan	X						

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
See Attached Addendum B		

Use additional sheets if more space is required.

Reporting Individual's Name

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	Blue Cross / Blue Shield of N.C.	Sep. 25-27	No travel reimbursed to White Sulphur Springs, W.Va.	Y	Y	Spouse	N

This page may be copied if more space is required.

Reporting Individual's Name
John Alexander McMillan

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Director	Center for Public Television - Univ. of North Carolina
Member	Board of Visitors, Univ. of N.C. at Charlotte.
President	McMillan Company.

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
None.		

GPO: 1982 59-835A (m)

ADDENDUM A

JAMES M. MYERS RESEARCH

Ideas For The Enterprising Investor

P.O. BOX 35415
120 COTTAGE PLACE

CHARLOTTE, NORTH CAROLINA 28235

704-333-1710
N.C. TOLL FREE 1-800-632-6686

268-00202-17

DISCRETIONARY

Gentlemen:

This will confirm your employment as Investment Counsel to supervise and manage the investment of the assets designated by us. The assets in this account may be placed with such custodian or broker as we may from time to time designate, and we understand that you shall not at any time have physical possession of any of our cash, securities, or other assets of this account. We also accept notice that you may act for other clients.

We designate James M. Myers & Co.
as the custodian and/or broker for this account.

We authorize you, as you see fit, to direct the custodian and brokers from time to time whether, when, where and how to buy, sell, change, invest, reinvest, retain, or deposit any or all of the assets of this account, the proceeds thereof and additions to it, and you may take any action or non-action that you deem appropriate, without any other consent or authority from us, and you may exercise your discretion and deal in and with such assets exactly as fully and free as we ourselves might do as owners thereof; and such custodian and brokers are hereby authorized to rely upon your direction without further acknowledgement from us.

It is understood that you shall maintain records on our account and shall furnish quarterly statements showing the composition and market value of the account. You shall have no responsibility for monitoring those items requiring action by the holder such as voting rights, exercise of warrants and rights to subscribe to additional stock, or other items over which you have no control as a result of not maintaining custody.

You represent and warrant that James M. Myers Research is an Investment Adviser as defined in the Investment Advisers Act of 1940. Furthermore, you are a "fiduciary" (within the meaning of ERISA) with respect to Retirement Funds under your management, insofar as you are an "investment adviser" as defined in Section 3(38) of ERISA.

(Over)

We arrange to pay for your services an annual fee of 1%, which will be paid in installments at the end of each calendar quarter.

We acknowledge receipt of SEC Form ADV Part II and your brochure.

Neither party may assign this agreement without the written consent of the other. This agreement is subject to cancellation by either party upon 5 days written notice to the other.

The use of the words "we", "us" and "our" in this agreement shall include an individual, trust, partnership, or corporation, as is appropriate for the undersigned.

This _____ day of _____, 19_____.

Accepted and agreed to as of the above date.

JAMES M. MYERS RESEARCH, INC.

BY: _____ President, _____

_____

ADDENDUM B

GIFTS 1992

Sigma XI 1992 Calendar, Scientific Research Society

CONSTRUCTOR Magazine, December 1991

Arch Advocate newsletter

1992 Calendar, National Association of Retail Druggists

GWU newspaper, January, 1992

IBEW JOURNAL, November/December 1992

Newswatch High Frontier, January, 1992

U.S. CONFERENCE OF MAYORS, newspaper, December 12, 1991

THE AMERICAN LEGION magazine, January, 1992 $2.00

WNC BUSINESS JOURNAL, January, 1992 $1.25

SOURCE BOOK OF HEALTH, Insurance Data, 1991, Health Insurance Association of America

PIPELINE, December, 1991, Utility Contractors Association

JEWISH MONTHLY, January, 1992, B'nai B'rith International $2.00

ZAJEDNICAR FRATERNALIST, January 1992

THE SEMINOLE TRIBUNE, December 13, 1991

TECHNE, News from the N. C. Biotechnology Center, Fall, 1991

NEW ARABIA, December '91 - January '92

NEW REPUBLIC, January, 1992, 2 copies $2.95

THE RETIRED OFFICER, January, 1992 $2.00

ALLIED INDUSTRIAL WORKER, newspaper, December, 1991

SHOPPING CENTER TODAY, International Council of Shopping Centers, January, 1992

AASHTO International Quarterly, October, 1991

THE NFPA catalog, National Fire Protection Association, Winter, 1992

BRAILLE MONITOR, National Federation of The Blind, December, 1991

CIVIL LIBERTIES ALERT, American Civil Liberties Union, December, 1991

THE NAVIGATOR, Winter, 1991 issue

CIVIL AIR PATROL News, January, 1992

DIVERSITY, December, January 1991-1992 $4.00

DEBT CONVERSION IN LATIN AMERICA: PANACEA OR PANDEMIC?, Oversees Development Council

WASHINGTON JEWISH WEEK, January, 1992 $1.00

1992 Calendar, Electric Cities of North Carolina, Inc.

1992 Events calendar and 1991 Annual Report, National School Board Association

AISteel I, 1992 Calendar

1992 Calendar, Ambassador Sultan, Saudi Arabia

1992 Calendar/handbook, Green Thumb, Inc.

1992 Calendar, Alcoa

1992 Calendar, W. H. Long Marketing, Inc.

LOW-SALT Cookbook, hardback copy $19.95; FAT & CHOLESTEROL COUNTER, paperback copy $3.50, American Heart Association

1992 Calendar, Aetna

1992 Calendar, Intel

"What Is Croatia, Anyway" videotape and Tshirt, Mag Instrument Co.

1992 1st Amendment Calendar, Freedom Forum

Lobster cracker, Scott Paper Co.

1992 Photographic Calendar, Ciba-Geigy

1992 Calendar, Mutual of Omaha

THE SLEEPWATCHERS paperback, American Narcolepsy Association

1991 CHANCELLOR'S REPORT, UNC Greensboro

1992 Art Calendar, Don Greeley, Hoechst Celanese

Box North Carolina peanuts, sent monthly

Apple pie, National Association of Life Underwriters

THE TROUBLED MONEY BUSINESS, William Sihler, Professor of Business Administration, Darden School of Business

12 red roses, March for Life

"Primary Physician Care" videotape, R. A. Salton, III, M. D.

"French Paradox" Videotape, "60 Minutes" CBS News

The American Film Institute courtesy pass

"Mending Hearts" Carle Medical Comm.

1 pound, 9 ounce Ehrler's candies, Dairymen, Inc.

GRAPHIC ARTISTS GUILD'S, DIRECTION OF ILLUSTRATION, Vol. 6

Five Leading Journalists Critique the State of the Union Address and the State of the Nation, cassette tape, LTV Corp.

1992 Calendar, Union Pacific

THE JAPANNING OF AMERICA, REDRESS & REPARATIONS DEMANDS BY JAPANESE-AMERICANS, Our Lady Queen of Angels $14.95

"Linking America for the Future", VHA tape. The Computer Systems Policy Project

"Outreach" videotape, C. W. Williams Health Center

"Watch on Washington" videotape, Bryan Houck, Southern Bell Co.

THE ALMANAC OF SEAPOWER, 1992, Navy League of the U. S.

Tote Bag of products, Cosmetic Toiletry and Fragrance Association:
-Clair Burke, home spray
-Schick Tracer Razor
-Oscar DeLa Renta, Body lotion
-Coral Reef foam bath
-Red after shave
-Toothbrush
-Nivea moisturing lotion
-Eye pencil
-Bain De Terre, shampoo
-De Guerlain, Men's Cologne
-Beauticontrol lipstick
-Perfume, Givaudau-Roure
-Ella-Bache', cleanser
-NuSkin, hand lotion
-H 2O, Shower and bath gel
-Paloma Picasso, natural spray
-Oil of Olay, foaming face wash
-Cover Girl, lip color
-Skinscent spray for him
-Shiseido, revitalizer cream
-RedKen, styling glaze
-Colgate, toothpaste

1992 Calendar, National Alliance of Postal and Frederal Employees

2 complimentary tickets, Southern Spring Show, Joan and Robert Zimmerman

"RISING SUN" book with copy of New York Times, "BOOK REVIEW" $22.00, dropped off in office, no covering letter.

"Sanctity of Life" Mitchell-Ethridge, Cassette, Ann Belk

"Behind The Numbers, U. S. Trade in the World," National Research Council

"How The Transmission System Works, Really" Videotape, North American Electric Reliability Council

"THE SLEEPWATCHERS", AMERICAN SLEEP DISORDERS ASSOCIATION $12.95

BEYOND DISTRUST, BUILDING BRIDGES BETWEEN CONGRESS AND THE EXECUTIVE, National Acadmey of Public Administration

OCTOBER SURPRISE, OTHER AMERICAS RADIO, Prevailing Winds Research $23.00

1992 Pocket Diary, West's Publishing Company

ISHMAEL, Turner Broadcasting Company $20.00

"Healthy Futures", Mountain States Health Corporation

"RAPID DEBT DEDUCTION STRATEGIES" complimentary copy, John Avanzini

One dozen heart-shaped sugar cookies, compliments of Congressman Tim Valentine

1992 PHYSICIAN'S DESK REFERENCE, Sandoz $54.95

1992-1993 Catalog, videotape, Parker College of Chiropractic

GOD'S LAW OF MARRIAGE, anonymous

Eraser, Machinery Dealers National Association

"Statecraft and Stage Craft" Congressman Tim Roemer

Small plaque with Biblical quote, Anonymous, Alabama return address

"Reach" Videotape, Secure Development Corporation

THE CZECH LEGIONS IN SIBERIA, compliments Zoltan Somogyi

LIFE, CHILD: THE END OF POVERTY, The Life Force Institute $7.95

"PUHCA" Videotape, Houston Industries, Inc.

"The Necessary Revolution" Cassette, GOPAC

OREGON FISH AND WILDLIFE JOURNAL, Spring, 1992 $3.95

T shirt, UNC Center for Public TV

"Play By Play" videotape, Time-Warner Sports

LIFE Magazine, February 1992 edition, Juvenile Diabetes Foundationa, International $2.95

1992 Commemorative Calendar, Operation Desert Storm, Ambassador State of Kuwait

1 pound chocolate nut candy bar, Chocolate Manufacturers Association

1991 ALL-AMERICAN CITY AWARD YEARBOOK, National Civic League

THE COMPETITION TIME BOMB, University of Denver

"Pittsburgh Airlift to Russia" Videotape, Chambers Development Company, Inc.

"ADC Focus" Videotape, American Disability Channel

"Replacing Welfare State" and "Candidate Training Teleconference on Congressional Reform", February 27, 1992, Cassettes GOPAC

"The Hermitage" Complimentary Pass

HARVARD BUSINESS REVIEW, March/April, 1992

PRIVATIZATION FOR NEW YORK, COMPETING FOR A BETTER FUTURE, N. Y. State Senate Advisory Commission on Privatization

Blue mesh Nestle' tote bag filled with products in celebration of Vernal Equinox:

-1-16 oz bag Butterfingers
-1-16 oz bag Baby Ruths
-3 containers Juicy Juice Grape Juice
-1-8 oz box Spinach Pasta Shells
-1-12 oz can Taster's Choice Caf-Lite
-1-5 oz bag Sunflower Seeds
-1-15 oz can Tomato Sauce
-1-8 oz can Date & Nut Loaf
-1 Sunsations Tropical Fruit Candy

Coffee Mug, Public Affairs Assembly, FMI Reception event, March 14, 1992

POLICY COUNSEL, Spring 1992, Council for National Policy

INDIA, Amnesty International

THE COST OF COURAGE, Doubleday $22.00

"Technology for the Environment: Hazardous Waste Incineration" Videotape, Hazardous Waste Treatment Council 1992

"Stop Foreign Subsidies and Save Our Shipyards" Videotape, Shipbuilders Council of America

"Feed The New World Order" poster, Coalition for Canned Food Aid

WORTH Magazine, April/May, 1992 $3.00

Picnic Tote with products from National Association of Convenience Stores:
-soft ball
-3-packages of assorted cheese/peanut butter crackers
-Chuckles jelly candy
-Caramel cream candy
-Jolly Rancher, assorted candy
-2 Blo Pop lolly pops
-BBQ Cornuts
-Small can V8 juice
-Can Diet Pepsi

National Association of Convenience Stores, Continued.
-Fig Newtons
-Can Classic Coke
-Cracker Jacks
-King-sized Hershey bar with Almond and Toffee Chips
-bag peanuts
-Can Very Fine orange juice
-1-Chunky candy bar with nuts and raisins
-Bazooka Bubble Gum
-Big Slim Jim stick
-1-Granola Peanut Butter bar
-Small package Oreos
-1-package Extra Sugar-Free Gum
-1-package Life Savers
-1 Small bottle Welch's Lemonade
-3-King-sized 3 Musketeers

"World Map," National Geographic Magazine

"Splendors of the New World" Spanish Colonial Masterworks, Poster, Mint Museum

Lance Company products:
2 Toastchee
15 Assorted crackers
2 Big Town marshmallow pies
1 bag peanuts
1 choco-mint cookies
1 gold-n-cheese nibbles

"Conversations About Electricity and the Future" American Nuclear Society

"Unaccountable Congress, It Doesn't Add Up," Joseph J. Dio Guardi, CPA, $17.95

Director of Black Organizations, Philip Morris

Video, National Women's Business Council and accompanying '91 Annual Report

Policy Recommendations on CFC and HCFC Controls, Air Conditioning and Refrigeration Institute.

Cassette, American Vision: 360 years later, American Vision, Inc.

"Sleepwalking Through History," Doubleday Publishing, paperback $14.00

"Rethinking America's Security," The American Assembly 2 copies

1992 Product Guide, GM Corp.

"Condition Critical: The American Health Care Forum," WTVI

"Getting The Word from Washington" poster, WETA

Pin of Remembrance, 50th anniversary Auschwitz, Cong. Peter Kostmayer

Video, "Food Lion Today," Food Lion

4 stickey pads, American Arts Alliance

"The NASDAQ Handbook," National Association of Securities Dealers, Inc.

"Travel South," Summer, 1992, Southern Living, $2.50

Washington Week In Review, poster celebrating 25th anniversary

"Builder" May 1992, National Association of Home Builders

NutraSweet Spoonful container, Timmons & Co., Inc.

"NC" May 1992 magazine $2.00

"North South" April/May 1992 magazine

"Foundations of Liberty" East Christian School

Congressional brass key chain, Lexington Brass Corp.

"The Capital Source" Spring 1992, National Journal $25.00

Directory of North Carolina Electric Membership Corp., 1992-93, NC Electric Membership Corp.

Bottle White Wine, Bob Rusbuldt

The Capital Source, Spring, 1992, Enserch Corp.

Wet Tunes 3, Shower Radio, NYNEX

"Running on Empty" 1 gallon red/yellow container, National Coalition for a Competitive Petroleum Market

"Harvard Business Review" May-June, 1992

"Agency Management" magazine, May 1992, American Society of Travel Agents

Honorary Membership, Naval Academy Athletic Association, 1992-1993

"The Human Life Review" Volume XVIII, Spring, 1992. 5 copies @$5.00, The Human Life Foundation, Inc.

"The Discovery Channel" magazine, June 1992, $2.50, TDC

"The American Spectator" June 1992 $2.95

Drinking Water Specimen Container, Webb Technical Group, Inc., Raleigh

"The American Woman, 1992-1993" Women's Research and Education Institute $12.95

"Where Does All The Money Go?" W. W. Norton & Co., N. Y.

Video, A.E.R.T. (Advanced Environmental Recycling Technologies, Inc.) Recent newscasts, Ozark Film and Video Recycled Film

Desk pencil/message holder, "Fiber Encapsulated Lumber" MoistureShield

"Land Issues In Japan: A Policy Failure?" Society of Japanese Studies

Philip Morris Co. products packed in Thermos 34 ice chest: "Wishing Happy Summer":
2 Virginia Slim sweatbands
6 flavors FunMallows
Kraft visor
CapriSun Fruit Punch
Hot dog buns
Container Crystal Light Lemonade
Kraft container of BBQue Sauce
Entenmann Choco-Chip cookies
2 packages Kool-Aid
6 oz. Kraft Zesty Italian dressing
Lite Beer can holder
Country Time Lemonade mix
Box 144 Kraft Caramels
2 Tombstone Beef Sticks
Box Light Italian Pasta Salad mix
4 Chez Whiz Microwave cups
6 oz. package Jello
8 oz Party Mints
Sunglasses
6 pack Sharp's Beer
Multi-purpose tool and grill scraper
"Good Food Ideas with Miracle Whip" cookbook"
"U. S. Olympic Training Table" cookbook
Chef of the Future apron and hat
Coupon for Oscar Mayer product

"It's Your Call" Activity box teaching students telecommunications, NYNEX

"In celebration of Partnerships Working to Create Viable End-markets for Recycled Plastics" large poster, Lever Bros. Co.

"Endeavors" Spring, 1992, UNC-Chapel Hill

Video "Coalition on Donation", The National Organ Procurement and Transplantation Network

Home Care and Hospice Director, 1992, Hospice of N.C.

Video, "JFK"

"Montana" 1992 Vacation Guide, Congressman Pat Williams

Video, "A Place For Understanding" Congressman Downey and Lagomarsino

"Toward A Just and Caring Society" AARP

"Broken Promises, Unfulfilled Dreams", Robert F. Kennedy Memorial Center For Human Rights

"Misadventures of an American Abroad", Albert E. Terrill $21.95

"Blue Mold" T shirt, National Beer Wholesalers and RJR Nabisco

"Fateful Choices" and Fateful Choices Executive Summary, Carnegie Corp.

21st Annual Congressional Golf Tournament, complimentary items:
J. C. Penny bag:
Ashworth Cotton Knit Shirt "Helme Tobacco"
Pair Foster Grant Sunglasses, The Bonneau Company
Gillette Sensor Razor and can Shaving Cream, Gillette Company
2 Denim Zippered Cases, Burlington Industries
1 Golf Towel, Grumman
Cap/hat "AT&T Salutes The Military", AT&T
2 Caps "21st Annual Members Only Golf Tournament", Edison Electric Institute
Key Chain, Edison Electric Institute
2 Boxes 3 Titleist Golf Balls, Raytheon
"Preferred Stock" Cologne Spray, House of Stetson
Box 3 Top-Flite XL Folg Balls, IMO
Vibrance Shampoo, Suave Deodorant, Suave Skin Lotion, Vibrance Hair Conditioner, Cong. Dan Rostenkowski's constituent: Helene Curtis Company
Navy Tote Bag:
Kiwi Golf Shoe Cleaner, Kiwi Company
Marlboro Cigarette Lighter, Key Chain, ballpint pen and mini flashlight, Philip Morris USA
Box 3 Golf Balls, Coca Cola
Shower to Shower Deodorant Body Powder, 1 Reach Toothbrush, 10 Band-Aids,
Johnson and Johnson
1 Bar Dial Soap, Dial Corporation
1 Bag Fruit Sours, Cong. Vic Fazio
2 Tubes (2.7oz) Colgate Toothpaste, Colgate Palmolive Co.
2 Boxes 3 Golf Balls, Titleist, Rolex
Mitchum Deodorant and Revlon Flex & Go Shampoo and Conditioner, Revlon Government Sales, Inc.
1 Box 3 Titleist Golf Balls
1 Roll 35 MM Polaroid Film, Rolaroid Corporation
1 Ballpoint Pen, Seiko
1 Dauva Golf Glove
1 "25th Birthday" Poppin Fresh Plush Doll, The Pillsbury Company
1 Golf Visor, Michelob Beer
1 Gillette Sensor Razor, Cong. Joe Moakley
1 Dozen Golf Balls, Pinnacle Gold, The American Council of Life Insurance
Wrigley's Chewing Gum, Wm. Wrigley Jr., Company
Baseball Cap, Super Valu Stores, Inc.
Towel, Plastic and Canvas Bag, R.J. Reynolds Tobacco Co.
Small Package, Chessman Cookies, Pepperidge Farms
Raisins, Del Monte Foods
Planters Peanuts, Lifesavers and GP Paris Golf Balls, Nabisco Foods Company
Skippy Peanut Butter, Hellman's Best Foods Mayonnaise, Mazola Corn Oil: Free Coupons, Best Foods
1 Package Miniature Snickers Bars, M&M/MARS
Small packages: Chips Ahoy, Oreo, Fig Newtons, Nabisco Biscuit Company
Golf Shirt $12.00
9 Golf Balls $18.00
Canvas Tote Bag $5.00
Golf Shoes

2 CDs: Frankie Valli and The 4 Seasons and The Essential, Carl Smith., Recording Industry Association of America, Inc.

"Free Trade Make Sense" "Retailing: Driving the Economy", The National Retail Institute

"Babylon Is Fallen" Elijab Ministires, Inc. $6.95

EBRI Databook on Employee Benefits, 2nd Edition, Employee Benefit Research Institute.

Cassette tape: "Fruchter with Laufer" Louis and Miriam Fruchter, N. Y.

"Chelation Therapy", Mrs. Paul Fischer, Asheville, N. C.

"Animal Research Saves Lives", oval brass paperweight, Savings Lives Coalition

Courtesy pass, boat cruise, The Admiral Tilp

1 dozen cookies, P. C. Koch, Attorney

"Jazz Masterworks Orcestra", poster, National Museum American History

"What's Cookin' with the Republicans", Chapman Publications, Utah $14.95

Video, Trip Sizemore

Video, Food Lion Today, May 1992, Food Lion Co.

Video, "Love On The Air", William Sackett Show, WTVI and Legacy Productions

Maryland Tourist Information packet, Congressman Gilchrest

"Awaken The Giant Within", Congressman Toby Roth $20.00

Bag of cookies, P. C. Koch, Attorney

"The Coming Economic Earthquake", Hardback book, Moody Press

"100% Cellular-bration" coffee mug, Cable TV Institute Association

"U.S. Waste Management Policies: Impact on Economic Growth and Investment Strategies", American Council for Capital Formation Center for Policy Research

"The Scope of the Shopping Center Industry in the U. S., 1992-1993", International Council of Shopping Centers

"Business Properties", Summer 1992 magazine $5.00

"Chief Executive", June 1992

"Motor Voter" Lapel button, Cong. Charlie Rose and Al Swift

"Schiele Museum of Natural History and Planetarium, Inc" magazine

"Davidson" A Quiet Resolve, Davidson College

"Harvard Business Review", May-June, 1992

Video, "A Window to the Womb", Cong. Bob Dornan

Membership, Army Athletic Association, 1992, West Point

DC "Deadicated" on Environment, Grateful Dead Album, Senator Kasten

"The Government Racket, Washington Waste From A to Z," compliments from the Author, Martin L. Gross $7.99

"Journal of the Colonial Williamsburg Foundation," Summer, 1992 Colonial Williamsburg

"We're Number One", Vintage Books $10.00

"Macedonia Through The Ages", Macedonia World Congress

16 oz. can sweet potatoes in support of "Sweet Potato Day", Sweet Potato Council of the U. S.

Video, Food Lion Today, June, 1992, Food Lion Co.

"They Dare To Speak Out", Former Member of Congress Paul Findley $22.95

Cassette: "An Effective Team For Real Change" GOPAC

Blue tote bag of Nestle Co. products:
bag Crunch bars
Steak sauce
Contadina Pizza squeeze
Box Burtoni pasta mix
3 boses Juicy Juice
Small bag Sunflower Seeds
Plastic Tub of Pasta Spirals/Chicken dinner
Nestea iced-tea mix
Roll of shock tarts

"Generational Accounting", Congressman Panetta and Gradison

"1992 Olympic Games" Official NBC Viewer's Guide, American Family Life Assurance Co.

Patriotic Red, White and Blue "crushed" aluminum can and video: "Straight Facts About the Can Tax", Can Manufacturers Institute

"The Almanac of Seapower" 1985, 1986, 1989, 1990 and 1991, Navy League of the U. S.

Overview of the Walt Disney Company

"Legacy of Gold", Official U. S. Olympic Committee Publication

"Where Does All The Money Go?" W. W. Norton & Co. $2.99

"C.H.E.F.S. Want Safe Seafood," Green white apron, ^Public Voice for Food and Health Policy

"Recapturing The American Dream For Kids At Risk," Economic and Social Research Institute

"Stars, Stripes and Statutes," National Flag Foundation, Pittsburg, Pa., Courtesy, Cong. Rick Santorum

"The Carolina Food Dealer," July-August, 1992, Carolind Food Dealers Association

Monthly supply of 200 packets NC peanuts, N.C. Peanut Growers Association

"Leaders Magazine" and 2 special supplements, Leaders Magazine

"From Occupation to Cooperation," The American Assembly

"The American Future," The Congressional Institute $12.95

"Second Chance," Author: William Pew paperback

Video: America's Godly Heritage, David Barton

"The N.Y. Stock Exchange, The First 200 Years, in Celebration of the Bicentennial," New York Stock Exchange

"The Journal of American Health Policy, July/August, 1992," Faulkner and Gray

"Cancer Treatment and Marijuana Therapy; Marijuane, Medicine and The Law; Marijuana Medicine and The Law, Volume I,I" Drug Policy Foundation

Video: "The Bounty Above," American Institute of Aeronautics and Astronautics

"How Much is Enough?," Worldwatch Institute $8.95

Video: Food Lion Today, July, 1992, Food Lion Co.

11 Peaches, S. C. Congressional Delegation

Addresses and Public Papers of James Grubbs Martin, North Carolina Governor, Volume I, 1985-1989

General Assembly, 1992, Church and Society, July/August, 1992

"A History of Alarm Security," National Burgler and Fire Alarm Association, Inc.

"Timber County Revisited", Washington Conract Loggers Association $39.95

"Vote To Kill", Young Interests, Inc.

"Children In Crisis", special issue, Fortune magazine, August 10, 1992 $3.95

"Declaration For Financial Freedom", Coral Ridge Ministries, Ft. Lauderdale, Fla.

"Humans and Machines In Space: The Payoff", American Astronautical Society

"Securities Industry Review", Securities Industry Association

Touring Guide, Michelin Travel Publications

"Toward A Microgravity Research Strategy", National Research Council

"Social Security", Retirement Policy Institute $40.00

"American Heritage", September, 1992 $4.50

"Virginia Homes" Volume 3, Northern Virginia Premier Real Estate Magazine $3.00

Plastic Tote of Warner Lambert products:
2 oz. Benedryl
24 caplets Sinutabs
4 oz. Lubriderm Lotion
1.5 oz. Listermint
3 oz. Listerine
Soothers Throat Drops
5 Personal Touch Disposable razors
5 Schick Disposable razors
2.8 oz Caladryl
Certs
Rolaids
Honey lemon Hall-Plus cough tablets
Halls Vitamin C drops
1 Sugar Daddy Caramel sucker

"Provider" magazine, August, 1992, American Health Care Association

"Federation Bulletin", June 1992, The Journal of Medical Licensure and Discipline

1992 Directory of Mutual Funds, Investment Company Institute

"Infrastructure", July 1992, Construction Equipment and Highway and Heavy Construction Products

"Infant and Toddler Safety", Eric Wallin, Matthew, N. C. $6.95

"1992 and 1993 Advisory List of International Educational Travel and Exchange Programs", Council on Standards for International Educational Travel

"Development", September/October, 1992, Official Magazine of the Commercial Real Estate Industry

"Journal of Housing", September/October, 1992, Magazine of Housing and Community Development

"Technology Transfer Business", Fall, 1992, Washington Technology

Video: Pray for Kuwaiti Hostages

"Climate Change and Energy Policy", American Institute of Physics

"HR" Magazine, August, 1992. $5.00

"EIR", August 14, 1992 Executive Intelligence Review $10.00

1993 personalized pocket calendar, Myron Manufacturing Corp.

Suit bag for convention, NYNEX

"The Mexican Economy, 1992", Banco DeMexico

1993 Fortune Diary, Fortune $28.00

"Contest For A Capital", The Loftin Publishers $5.00

Replication Poster from cover Charles Stewart Mott Foundation's 1990 Annual Report

"The Civil War Battlefield Guide", The Conservation Fund $16.95

"Air & Space" Magazine, October/November, 1992, Smothsonian $3.50

Video tape and August newsletter, Food Lion Co.

4 12" white candles, National Restaurant Association for Chef D'Oeuvre Reception

Golden Bulldog and lapel pin award, Watch Dog on Washington, sponsored by RJR Nabisco

North Carolina Pork Producers products:
Package Sliced boneless dry cured Country ham
2 packages pepper coated salt cured pork side
2 packages sliced counry ham steaks, dry cured

"Freedom Brewed in America" poster, Beer Drinkers of America

"How to Resolve the Health Care Crisis", Consumer Reports, Consumers Union $4.95

"Taxpayers Hero" white Cap, Council for Citizens Against Government Waste

Steuben Glass catalog

"A Promise to Remember: The Names Project Book of Letters", The Names Project

"1992 Life on the Net", Volpe, Weltz and Co.

"Economic Development and Democratization in the Asis-Pacific Region and Hong Kong in the MFN Debate", Center for Strategic and International Studies, Cong. Lantos, Murkowski and Porter.

Maalox tote bag, Maalox Company:
Bottle Ascriptin
Bottle Perdiem
Bottle Maalox-plus Tabs
"Are You Having a Maalox Moment" pen and stickem pads

Video and "People" newsletter, September, 1992, Food Lion Co.

Poster: "Republican Women Making Their Mark, Congressional Candidates"

Women's Houe Republican Victory Committee

Nestle "Happy Halloween" tote bag of goodies:
14 oz bag Raisinets
14.25 oz bag 100 Grand candy bars
13.3 oz Crunch candy bar
16.5 oz Butterfingers
10.3 oz Sweet Tarts
12.4 Chunky candy bars
14 Bit-O-Honey candy bars

Lap blanket, Thomas Rose, Blue Cross/Blue Shield $45.00

Picture Frame, South Carolina Blue Cross and Blue Shield $30.00

1993 "Changing Course, GAIA Calendar, World City Corp.

Christmas card, 1993 pocket calendar and ballpoint pen, Thomas Lankford

"To Administer Justice on Behalf of All The People" The U. S. District Court for the Eastern District of New York, 1965-1990, The Federal Bar Foundation

Bag cookies, "End of the Session", P. C. Koch

"Life Magazine", October 30, 1992 $3.95

"Vote" Poster and Lapel stickers, LTV

Sound Dollar Award, Free Congress Foundation

Jar, Dove Milk Chocolate candy, BACE

1993 Desk calendar, Fortune

"Negotiating Survival", Population Crisis Commission $10.95

"Bankruptcy, 1995", Brooks S. Stuart, President, CMD Systems

1993 Calendar, Alcoa

Video, "Food Lion Today", Food Lion Co.

Cassette: "Evangeline", Cong. Bob Clement

1993 Darden Calendar, Dr. John W. Rosenblum

Video and Information packet: "U. S. Agriculture: Its Worth The Investment", National Cotton Council

"Green Fees" How a Tax Shift can work for the Environment and the Economy", World Resources Institute

Large fresh pine wreath with red, white and green bow, Christian Appalachian Project, Lancaster, Kentucky.

3 Plastic Cups filled with M&M candy and 3 Red, White and Blue Baloons, Quorum

Can Aunt Ruby's Salted Peanuts, N. C. Peanut Grower's Association, Inc.

1993 Small Desk Calendar, Dixon S. Hall

5 Red Ribbons: MADD "Tie One On For Safety," Nissan, North American, Inc.

1992 White Angel Ornament, Cong. Tom Lewis

1 dozen MaxFli golf balls, Phil Weber, Fannie Mae

Large Red Poinsettia, Mike Dineen, Kemper

Box of Products from Chemical Producers and Distributors Association:
Spot weed killer
House plant spray
Plant food
Rabbit and Deer repellant
Tick Repellent
Bait Chunx and House Bait Station
Root Tone
Tomato and Vegetable Inspect Spray
Package Sunflower Seeds
Rose and Flower Dust
Canvas Tote Bag with CPDA initials

1993 Calendar: Scenes of Switzerland, Ciba-Geigy

Shopping Bag of goodies: Chocolate Manufacturers Association
M&Ms
Watermelon slices
Miniature Charmer Lollipop
10 pieces wrapped candies
Ghiradelli, Mint Chocolate Squares
Tin Christmas Mix
Milk Chocolate bar with Almonds
Box Lemon Heads
Piece Claey's Fudge
Rocky Road
Chocolate Almond Bar
Peanut Cluster
Box Junio Mints
Sesame Bar
Fruit Festives
Cherry Sours
Cup O'Gold
Blommer Milk Chocolate
Hot Little Devils
Ambrosia Chocolate
Cashew Log
Peanut Crunch
Giant Mint Stick
Butterfingers
Mike and Ike Chewy Candies
Chocolate Fudge Tree
Raindeer Corn
Peant Chews
Milky Way Square
2 gold Chocolate Coins
Whoppers
Dinosaurs Fruit Snacks

Chocolate Manufacturers Association, Continued
Goo Goo Baby
Centennial Mints
Hershey Milk Chocolate with Almonds
Mentos
Sweetarts
Life Savers

Can of Giant Cashews, Nonprescription Drug Manufacturers Association

Chocolate Map, BASF

Box Chocolates, Shortbread Cookies and Box hard candies, Merck, Washington Office

Bottle Chardonnay, Bob Rusbuldt

1993, Ikebana Calendar, Ministry of Foreign Affairs, Japan

1993 U. S. Olympic Diary, U. S. Olympic Committee $15.95

Red tote bag with Snowflake filled with products from National Food Processors Association:
Doritos
Pringles
Total
Peanut Butter
Hot Chocolate
Cracker Jacks
Rolo Milk Chocolates
Hershey Symphony bar
Potato Sticks
Hearty Bean Soup
Can Tuna
Can Salmon
Welch's Grape Jelly
Black Bean Soup
Banana Pudding

Tote Bag: Electricities of North Carolina, Inc.:
T-shirt: Public Power, Your Hometown Connection
Teal Baseball Cap and Lapel button: Public Power, N. C.'s Hometown Connection
Brass State Map, Lapel Pin, Bumper Sticker and 5 Magnets with logo: Electricities
"Glossary of The Strange Language of Electricity"
6 compact sponges
Bookmark and Fact Sheets

AM/FM Electronic Digital Clock Radio, GE Corporate Relations

2 Pounds Sees Nut and Chew Chocolate Candy, Pacific Telesis

1993 Pocket Calendar, Monogrammed, J. Billie Ray, Southern Bell

Christmas Tin Spiced Pecans and Country Ham, Ralph Vinovich, Tobacco Institute

1 1/4 oz. Franco Mint Chocolates, "Finding Quality Child Care" and "Target The Family" Magazine, Holiday Issue, Dayton Hudson Corporation

Christmas-designed Tub of Candy corn, Potato Chips and Pretzels, Snack Food Association

Case Sweet Potatoes, Billy Yeargin, N. C. Sweetpotato Comm., Inc.

1993 "World Holiday and Time Guide," 75th Edition, Cory Strupp

Large Desk Writing Pad, Cox Communications

1993 Calendar, African-American History, AETNA

"A Guide To The 103rd Congress" LTV Corp.

"Wild Game Cookbook, Autographed Copy, NRA

Pointsettia, Many and Penny Molpus, Grocery Manufacturers of America

Navy Necktie with design denoting efficient refining system, UNOCAL

1993 Planner Calendar, ICF Kaiser Engineers

1992, "A National Information Network Changing Our Lives in the 21st Century,"
The Aspen Institute

Beer Stein, Beer Drinkers of America

Bottle Wine, Mike Johnson

Large Plastic Container, Pecan Plantations, Florence, South Carolina, Jay Vroom and Sam White NACA

Box 3M products from Robert Grogan:
Post-it Labels
Masking Tape
First Aid for Minor Cuts
Photo Tape
1/2 " Strapping Tape
Magic Tape
Miniature Post-It Notes
Medium Post-It Notes
Patch and Repair Tape
Scotch Brite Scour Pad
Transparent Tape
2 Cell-0 Sponges
5 "Pull bows"
Electrical Tape

Box Miniature Cards with quotes, The Salvation Army

Box Products from Philip Morris Company:
Miller Tankard with Crystal Lite
Box Pfeffernuesse Cookes
Sharkberry Fin Kool Aid T-Shirt
Cheez'n Breadsticks

Philip Morris Company, Continued:
Good Seasons Italian Salad Dressing Mix
Squeeze Bottle Mayonnaise
Package Macaroni and Cheese Dinner
Box Swiss Chocolate
Santa Bagle Christmas Ornament
Package Caramels
2 packages Dream Whip
Chicken Shake and Bake
Rondele Cheese Spread
Cappuccino Mix
Can Calmut Baking Powder
Bottle Kraft Light Italian Salad Dressing
Bottle Log Cabin Light Syrup
Bottle Polly-O Grated Parmesan
Bottle Tang
Large Package Berryblue Jello
Large Box Boil In Bag Rice
Small Box Sure-jell
2 Lb. box Crackerbarrell Cheddar Cheese
2 Lg. Packages Cherry and Lemonade KoolAid
Box Great Grains Cereal
Shoppers GUide

1993 Calendar: Wildlife, Mutual of Omaha

"The Force of Change," video, Advanced Micro Devices, Inc.

USA TODAY, December 30, 1992, complimentary issue

"An Evaluation of the June 21, 1992 Elections In Ethiopia," The African-American Institute

1993 Calendar, Christian Solidarity International

1993 Pocket Calendar, personalized, Norfolk Southern

1993 Calendar: "Steel:'What American Is Made of," American Iron and Steel Institute

1993 Calendar/Handbook: Green Thumb Program, Green Thumb Employment/Training

The Shell Desk Diary, 1993, Shell Oil Company

ALEX McMILLAN
9TH DISTRICT
NORTH CAROLINA

HAND DELIVERED

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1993 JUL -9 PM 12: 23
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

COMMITTEE ASSIGNMENT
ENERGY AND COMMERCE COMMITTEE
BUDGET COMMITTEE
REPUBLICAN LEADER'S TASK FORCE ON HEALTH

Congress of the United States
House of Representatives
Washington, DC 20515-3309

July 1, 1993

1

MC

The Honorable Donnald Anderson
Clerk of The House
Records and Registration
1036 Longworth Office Building
Washington, D. C. 20515

Dear Mr. Anderson:

Upon review of my recent Financial Disclosure Statement, I noticed a mistake was made in the amount listed for donation to charity in lieu of honoraria from the Mecklenburg County Medical Society. The amount should be amended to read $2000.00.

With best regards.

Sincerely,

Alex McMillan
Member of Congress

AM/pkh

WASHINGTON
401 CANNON BLDG
WASHINGTON DC 20515-3309
PHONE 202/225-1976

CHARLOTTE
401 WEST TRADE ST. RM 214
CHARLOTTE NC 28202
PHONE 704/372-1976

STATESVILLE
207 WEST BROAD ST
STATESVILLE NC 28677
PHONE 704/872-7331

MOORESVILLE
MUNICIPAL BLDG COURTROOM
MOORESVILLE NC 28115
PHONE 704/883-1976

McCOLNTON
POST OFFICE ROOM B-01
McCOLNTON NC 28092
PHONE 704/735-1976

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

(9)

RECEIVED
1993 MAY 17 AM 10: 13

HAND DELIVERED

mc
(Office Use Only)

Hon. Michael R. McNulty
(Full Name)

86 West Street (202) 225-5076
(Mailing Address) Daytime Telephone

Green Island, New York 12183

Filer Status	[X] Member of the U.S. House of Representatives	State: New York District: 21st	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Michael R. McNulty	May 13th, 1993

Reporting Individual's Name

Hon. Michael R. McNulty

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Green Island Insurance (renewal commissions)	commissions	$2,067.92

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Hon. Michael R. McNulty

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	The Connell Company	Speech Appearance	March 30, 1992	$2,000
	Key Corp	Speech Appearance	April 21, 1993	$200.00

This page may be copied if more space is required.

Reporting Individual's Name
Hon. Michael R. McNulty

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
	Green Island Insurance						X																							

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Hon. Michael R. McNulty

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	

Reporting Individual's Name

Hon. Michael R. McNulty

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				

Reporting Individual's Name
Hon. Michael R. McNulty

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Norstar Bank of Upstate New York	Personal Line of Credit		X					
	Norstar Bank of Upstate New York	Personal Loan		X					

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Reporting Individual's Name
Hon. Michael R. McNulty

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6–13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	The Connell Company	March 30	coach airfare from Albany - Newark, NJ - Washington DC	N	Y	None	N

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Reporting Individual's Name
Hon. Michael R. McNulty

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Board of Directors	Capital Region Technology Development Council - (not compensated)

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1992 50-835A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

Ronald K. Machtley
(Full Name)

62 Sigourney Road
(Mailing Address)

(202 225-4911
Daytime Telephone:

Portsmouth, Rhode Island 02871

Filer Status	[X] Member of the U.S. House of Representatives — State: R.I. District: 1st	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

11

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(Office Use Only)

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PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Ronald K. Machtley	**DATE (Month, Day, Year)** 5/15/93

Reporting Individual's Name

Machtley

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Portsmouth School Department	Spouse Salary	
		Nurse/Teacher	NA
	Newport School Department	Spouse Salary	
		Nurse/Teacher	NA

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

Machtley

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	None			

This page may be copied if more space is required.

Reporting Individual's Name
Machtley

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X							X
			George Wash. Credit Union Accounts				X								X					
			182 Main Street, Dover, Delaware					X						X						
JT	313, 315, 317 Wolcott Avenue							X						X						
	Middletown, Rhode Island 02840																			
JT	119 Wampanoag Drive, Portsmouth,							X						X						
	Rhode Island 02871 (½ owner)																			
DC	Navy Federal Credit Union				X										X					
JT	Shearson Lehman					X							X		X					

Block A	BLOCK C Income: Category of Amount of Income (X)									
	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000
ABC Corporation Stock			X							
George Wash. Credit Union Accounts					X					
182 Main Street, Dover, Delaware				X						
313, 315, 317 Wolcott Avenue						X				
119 Wampanoag Drive, Portsmouth,						X				
Navy Federal Credit Union		X								
Shearson Lehman			X							

For additional assets and unearned income, use next page

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Machtley

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
JT	Promisory Note - 114 Touro Street				x									x									x						Paid in x Full '92
	Newport, Rhode Island Sale																												
DC	Advest Stock listed attached Money market listed			x																									
DC	Advest Stock listed attached Money market listed			x																									
JT	Savings Account - Bank of Newport			x										x							x								
S	Agreement Sale of Law Practice				x																								
JT	Navy Fed. Credit Union - Savings Acct.		x																										
JT	U.S. Savings Bonds			x										x															
DC	Navy Fed. Credit Union - Savings Acct.			x																									
DC	Savings Account - Bank of Newport		x																										
S	Fed. Credit Union - Washington, D.C. (checking)			x																									
DC	General Motors - C. Stock			x																									
DC	NCH Corporation - C. Stock			x																									
DC	Schering Plough - C. Stock			x																									
DC	Walgren Company - C. Stock			x																									

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Machtley

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income														BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000 over $1,000,000	
DC	Gov't. Securities In GNMA Bond		X																								
DC	Banc One Corp. Common Stock			X																							
DC	Blockbuster Entertainment			X																							
DC	Federal Signal			X																							
DC	Liz Claiborne			X																							
DC	Raymond James			X																							
DC	Kemper High Yield Fund			X																							

Reporting Individual's Name
Machtley

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 30.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
DC	Banc One Corp. Common Stock	x			7-17-92	x						
DC	Blockbuster Entertainment Common Stock	x			7-17-92	x						
DC	Raymond James Common Stock	x			10-16-92	x						
DC	Boeing Company Common Stock		x		10-16-92	x						
DC	Dupont Common Stock		x		7-17-92	x						
DC	Federal Signal Corp. Common Stock		x		6-30-92	x						
DC	Payoff of Promisory Note - 114 Touro Street				Various Dates - '92		x					

Reporting Individual's Name: Machtley

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Bank of Newport (½ ownership) = valuation	Mortgage on 119 Wampanoag Drive Portsmouth, Rhode Island 02871			x				
JT	Bank of Newport	Mortgage on 313, 315, 317 Wolcott Avenue, Middletown, RI 02840			x				

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Reporting Individual's Name
Machtley

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
None							

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Reporting Individual's Name
Machtley

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
---	See attached

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1/1/89	R. K - Sayer & Regan Attorneys at Law	Sale of Law Practice

GPO: 1992 [illegible]

RONALD K. MACHTLEY
1st District, Rhode Island

COMMITTEE ON ARMED SERVICES
COMMITTEE ON SMALL BUSINESS
COMMITTEE ON GOVERNMENT OPERATIONS

CO-CHAIR, NEW ENGLAND ENERGY CAUCUS
CO-CHAIRMAN, CONGRESSIONAL GROUP ON DENTAL FLUORIDE AND HEALTH
CONGRESSIONAL HUMAN RIGHTS CAUCUS
CONGRESSIONAL TEXTILE CAUCUS
CONGRESSIONAL CAUCUS ON WOMEN'S ISSUES
CONGRESSIONAL OFFICE COALITION

Congress of the United States
House of Representatives
Washington, DC 20515-3901

WASHINGTON OFFICE
320 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3001
(202) 226-4911

1ST DISTRICT OFFICES

STATE TOLL FREE NUMBER
1-800-842-8664

268 PAWTUCKET AVENUE
EAST PROVIDENCE, RI 02916
(401) 431-6100

127 SOCIAL STREET
ROOM 172
WOONSOCKET, RI 02895
(401) 762-4092

330 THAMES STREET
ROOM 260
NEWPORT, RI 02840
(401) 846-7920

Advisory Board Member, National Republican Coalition for Choice

Advisory Board Member, Republicans for Choice

Honorary Advisory Board Member, Women's Center of Rhode Island

Honorary Advisory Board Member, Conanicut Island Chamber Music Festival

Advisory Board Member, Rhode Island Scenic America

Member, Public Policy Advisory Committee Population Institute

National Advisory Board Member, SEAPORT 76' Foundation

Advisory Board Member, Dorcas Place

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

1993 MAY 17 AM 11:54

(10)

CAROLYN B. MALONEY
(Full Name)

49 EAST 92ND STREET
(Mailing Address)

NEW YORK N.Y. 10128

Daytime Telephone: 212-289-9450

Filer Status	[✓] Member of the U.S. House of Representatives — State: N.Y. District: 14	[ ] Officer or Employee	Employing Office
Report Type	[✓] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

HAND DELIVERED

mc (Office Use Only)

2216

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No		Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	✓		Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**		N/A
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II**		N/A	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**		N/A
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	✓		Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	✓	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**		N/A	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**		✓
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	✓		Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)		✓
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		✓

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Carolyn B. Maloney

DATE (Month, Day, Year) May 12, 1993

Reporting Individual's Name
CAROLYN B MALONEY

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	CITY OF NEW YORK N.Y., NY	SALARY	54,050.03
	CITY OF NEW YORK N.Y., N.Y.	CHMN. LEG. COMM.	6,375.00
	LIBERTY BUSINESS FORMS + SYSTEMS INC., PLAINVIEW N.Y.	SPOUSE	N/A
	CHROMIUM INDUSTRIES INC, CHICAGO, ILLINOIS	SPOUSE	N/A
	C.H.W. MALONEY + Co, INCORPORATED N.Y., N.Y.	SPOUSE	N/A
	THE WALL STREET FUND N.Y. N.Y	SPOUSE	N/A

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
CAROLYN B MALONEY

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D C	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	NONE			

This page may be copied if more space is required.

Reporting Individual's Name
CAROLYN B MALONEY

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)										Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST*	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
	STOCK - BOOK VALUE CHROMIUM INDUSTRIES INC, CHICAGO ILL							X											Sub.-S							X			
	CD - VIRGINIA BEACH FEDERAL SAVINGS + LOAN				X										X						X								
	STOCK LIBERTY BUSINESS FORMS + SYSTEMS PLAINVIEW NY							X												X									
	RENTAL PROPERTY + RESIDENCE 49 E 92ND NY NY										X			X					GROSS RENTS						X				
	SINGLE FAMILY RENTAL PROPERTY 279 WEST ROAD, NEW CANAAN CONN									X				X					GROSS RENT						X				
	ALBRIGHT + MALONEY PARTNERSHIP 10 MILK ST BOSTON MASS RENTAL REAL ESTATE MONTERO RAY, PANAMA							X						X					GROSS RENT					X					

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: CAROLYN B MALONEY

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
HPB ENTERPRISES - ALBEMARLE - PLANTATION ELIZABETH CITY N.C. REAL ESTATE DEVEL				X													LAND SALES									X		OPERATED AT A LOSS
STOCK ALDO FARMS OF NORTH CAROLINA INC. 209 60th ST VIRGINIA BEACH VA				X								X								X								
STOCK - THE WALL ST. FUND NY			X								X								X									
STOCK - ROLL FINISHERS, MT VERNON, IND.			X														SUB-S	X										
JTP INC - TRACT OF LAND JONES TOWN ROAD, CHESAPEAKE, VA				X														X										
9.6 ACRES - PARTIAL INTEREST - ROLLAND RD 641 SOUTHAMPTON CO. VA				X														X										
SHARES - DREYFUS WORLDWIDE DOLLAR MONEY MARKET FUND N.Y.			X								X									X								
CITIBANK N.A.			X										X						X									
SHARES - RSB / BEDFORD MONEY MKT FUND				X							X									X								
SHARES - DREYFUS LIQUID ASSETS				X							X									X								
PED STOCK - TENNECO.				X							X										X							
BEECHTREE PARK ENC T/A MONDAY TAVERN PARK VIRGINIA BEACH, VA.									X									X										
SHARES - CAPITAL PRESERVATION FUND MOUNTAIN VIEW CALIF				X							X									X								
SHARES - FIDELITY CASH RESERVES				X							X									X								
SHARES - FIDELITY U.S. GOVT RESERVES				X							X									X								

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: CAROLYN B MALONEY

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	LOAN FROM CAROLYN B MALONEY TO "MALONEY FOR CONGRESS"			X														X									

Schedule III—Continuation

2221

Reporting Individual's Name: CAROLYN B. MALONEY

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	NONE: EXCEPT MONEY MARKET FUND TRANSACTIONS											

Schedule IV

2222

Reporting Individual's Name
CAROLYN B. MALONEY

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	CHEMICAL BANK N.Y. N.Y.	MORTGAGE ON 49 E92 NY NY				X			
	CITIBANK NA N.Y. NY	MORTGAGE ON 49 E92 NY NY				X			
	NEW CANAAN BANK + TRUST CO. NEW CANAAN CONN	MORTGAGE ON 279 WEST RD. N.C., CONN.				X			
	NEW CANAAN BANK + TRUST CO. NEW CANAAN CONN	MORTGAGE ON 279 WEST RD N.C., CONN.				X			
	VIRGINIA BEACH FEDERAL SAVINGS AND LOAN	LOAN SECURED BY CD AT VIRGINIA BEACH FEDERAL S+L	X						
	CHEMICAL BANK, N.Y. NY GUARANTOR OF LOAN TO "MALONEY FOR CONGRESS"		X						

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Reporting Individual's Name
CAROLYN B. MALONEY

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed. Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	NONE						
	N/A						

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2224

Reporting Individual's Name
CAROLYN B. MALONEY

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
NONE	

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26

Date	Parties To	Terms of Agreement
	NONE	

GPO 1992 50-635A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

'93 MAY 18 AM 9:43
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

6

MAY 15 1993

MC

(Office Use Only)

DAVID SCOTT MANN
(Full Name)

568 Evanswood Place
(Mailing Address)

(513) 684-2723
Daytime Telephone

Cincinnati, OH 45220

Filer Status	[X] Member of the U.S. House of Representatives	State Ohio District First	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** Not a member in 1992	Yes [ ] No [N/A]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** Not a member in 1992	Yes [ ] No [N/A]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? Not a member in 1992 **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [N/A]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 5/14/93

2226

Reporting Individual's Name
DAVID SCOTT MANN

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	City of Cincinnati	Council salary	37,566
	Taliaferro & Mann, Cincinnati	Law partner's distribution	77,115
	Communicare of Clifton, Cincinnati	Spouse salary	N/A

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
DAVID SCOTT MANN

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000		
S, DC, JT — Examples: S — ABC Corporation Stock			X								X									X									X
Examples: George Wash. Credit Union Accounts				X									X									X							
Examples: 182 Main Street, Dover, Delaware					X							X									X								
Merrill Lynch IRA (detail on next 3 lines)			X														N/A												
Merrill Lynch IRA Duff & Phelps Util. Inc.			X								X								X										
Merrill Lynch IRA Merrill Lynch Bal. Fund			X								X								X										
Merrill Lynch IRA Merrill Lynch Cap. Fund			X								X								X										
Huntington Bank IRA					X												N/A												
S — Reinvestment Plan S.W. Pub. Service Stock				X							X										X								

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: DAVID SCOTT MANN

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	NOT A MEMBER IN 1992
S	AT&T			X								X									X							
S	Ameritech			X								X								X								
S	U.S. West			X								X								X								
S	Bell Atlantic			X								X								X								
S	Pac. Telesis			X								X								X								
S	Bell South			X								X									X							
S	NY NEX			X								X								X								
S	S.W. Bell			X								X								X								
S	American Cap. Ent.				X							X											X					
S	Cilcorp				X							X										X						
	Taliaferro & Mann			X														N/A										
DC	Gradison Money Market			X								X									X							
S	RJR Nabisco Debenture			X										X					X									
	Taliaferro & Mann Profit Sharing Plan				X													N/A										
S	124 Graves Erlanger, KY (1/2)					X							X										X					

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SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: DAVID SCOTT MANN

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	3614 Dixie Highway Erlanger, KY (1/2)					X							X										X					NOT A MEMBER IN 1992
S	Merrill Lynch IRA (detail on next 4 lines)				X												N/A											
S	Merrill Lynch IRA Cinn Bell Stock			X								X							X									
S	Merrill Lynch IRA Merrill Lynch Balanced Fund			X								X							X									
S	Merrill Lynch IRA Merrill Lynch Cap Fund			X								X							X									
S	Merrill Lynch IRA Duff & Phelps Util. Inc.			X								X							X									
S	Gradison Money Market			X								X							X									
S	Gateway Federal Savings			X										X					X									
	IMMS 4th Street Partnership 133 W. 4th, Cincinnati (1/12)						X						X						X									
	IMMS Rentals 1005 Madison, Covington, KY (1/4)						X						X						X									
	Ohio PERS Retirement Sys.				X												N/A											
	Stock, Bowling Green, KY United Central Bancshares				X													X										

Reporting Individual's Name
DAVID SCOTT MANN

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Partner	Taliaferro & Mann, inactive law partnership in process of dissolution
Partner	TMMS Rentals
Partner	TMMS 4th Street Partnership

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
12/31/92	Philip Taliaferro, David Mann, Christopher J. Mehling and Patricia Mann Smitson	Agreement of Dissolution of Taliaferro & Mann law partnership. The Agreement specifies the terms of dissolution of Taliaferro & Mann (T&M) including provision for contributions to be made during 1993 to the T&M profit sharing plan for the 1992 plan year; the payments to be made after 1992 for each partner's allocable share of reimbursements to T&M of expenses for contingency fee cases; each partner's share of the fee, if any, on certain contingency fee cases; each partner's share of the personal property of T&M; and each partner's share of income received by T&M after 1992 for work done before 1993.

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

THOMAS J. MANTON
(Full Name)

203 CANNON H.O.B.
(Mailing Address)

WASHINGTON, D.C. 20515
Daytime Telephone 202-225-3965

Filer Status	[X] Member of the U.S. House of Representatives	State N.Y. District 7	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Thomas J. Manton

DATE (Month, Day, Year) MAY 17, 1993

Reporting Individual's Name
THOMAS J. MANTON

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	Tobacco Institute	Speech	1/17/92	2000
	MEBA	Speech	2/14/92	1000
	Smokeless Tobacco Council	Speech	3/12/92	1000
	Academy of Rail Labor Attorneys	Speech	3/26/92	1000
	American Institute of Certified Public Accountants	Appearance	4/30/92	2000

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Reporting Individual's Name
THOMAS J. MANTON

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		162 Main Street, Dover, Delaware					X							X									X							
S	D. Manton Trust							X					X		X									X						
																								X						
	NYC Employee Retirement System							X											Pension						X					
	Citibank			X											X					X										
	Congressional Federal Credit Union			X											X					X										
JT	47-17 43 Ave., Sunnyside, NY (½ int.)		X											X		X								X			X			X
JT	19-14 21 Rd., Astoria (Residence)								X											X										

For additional assets and unearned income, use next page

Schedule III

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: THOMAS J. MANTON

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
JT	Stock in Berkeley Coop.Towers-Sec.3-coop.Apt					X						X											X					
	Thomas J.Manton,p.c.pension plan	X									-	-	N	A	-	-		-	-	-	N	A	-	-	-	-		X
	Thomas J.Manton,p.c.profit share plan	X									-	-	N	A	-	-		-	-	-	N	A	-	-	-	-		X
S	I.R.A. Home Savings Bank			X							-	-	N	A	-	-		-	-	-	N	A	-	-	-	-		
	I.R.A. Home Savings Bank				X						-	-	N	A	-	-		-	-	-	N	A	-	-	-	-		
	Stock - Thomas J. Manton, P.C.			X														X										

Schedule III—Continuation

Reporting Individual's Name

THOMAS J. MANTON

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
JT	47-17 43 Ave., Sunnyside, N.Y. (1/2 interest)		X		7/1/92				X			
	Thomas J. Manton, P.C.-Pension Plan (roll-over to IRA)			X	11/6/92		X					
	Thomas J. Manton, P.C.-Profit Sharing Plan(roll-over to IRA)			X	12/29/92			X				

Reporting Individual's Name
THOMAS J. MANTON

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	L. I. Savings Bank	Mortgage(½) on 47-17 43rd Ave.				X			
JT	Dime Savings Bank	Mortgage on 19-14 21st Road				X			
	Thomas J. Manton, P.C.	Personal Loan	X						
	Wright-Patman Credit Union	Personal Loan	X						

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name

THOMAS J. MANTON

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totaling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	The Tobacco Institute	Jan.16-19	NYC - Palm Springs,Ca-NYC	Y	Y	None	N
	M.E.B.A. - Dist. 2	Feb.13-17	NYC-Miami-NY	Y	Y	None	1 Day

This page may be copied if more space is required.

Reporting Individual's Name
THOMAS J. MANTON

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Sole Stockholder, Director and Officer	Thomas J. Manton, P.C.

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

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MAY 14 PM 10: 14

Donald A Manzullo
(Full Name)

P.O. Box 70
(Mailing Address)

Daytime Telephone: 202-225-5676

Oregon, Illinois 61061

Filer Status	[✓] Member of the U.S. House of Representatives — State: IL District: 16th	[ ] Officer or Employee — Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment; [ ] Termination — Termination Date:

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MAY 10 1993
(Office Use Only)

2240

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [x]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [x]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II**	Yes [ ]	No [x]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [x]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1 000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [x]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [x]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [x]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [x]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [x]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10)	Yes [ ]	No [✓]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes [ ]	No [✓]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL		DATE (Month, Day, Year)
Donald A Manzullo	DONALD A. MANZULLO, M.C.	May 10, 1993

Reporting Individual's Name

Donald A. Manzullo

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Law Office of D. A. Manzullo, P.C. - part time	salary - '92	9500.00
	Law Office of D. A. Manzullo, P.C. - spouse	salary - '92	1000.00
	Cattle Operation, Egan, Illinois		8938.04

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
Donald A. Manzullo

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	None			

This page may be copied if more space is required.

Schedule II

Reporting Individual's Name
Donald A. Manzullo

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset: Year End Value (X)									BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)										Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X										X					
			182 Main Street, Dover, Delaware					X							X									X							
	Rent, Commercial Bldg, 400 Washington Oregon, IL 61061								X						X											X					
	D. A. Manzullo, Tr of D.A. Manzullo Pension Trust								X					X		X	X									X					
	D.A. Manzullo, Tr of D.A. Manzullo Profit Sharing Trust							X						X		X	X								X						
	Sole Shareholder, Law Ofc of D. A. Manzullo, P.C.						X								none																
S	IRA, Blunt, Ellis & Loewi					X								X		X							X								
	IRA, Blunt, Ellis & Loewi					X								X		X							X								

For additional assets and unearned income, use next page

Reporting Individual's Name
Donald A. Manzullo

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	None											

Schedule IV

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Reporting Individual's Name

Donald A. Manzullo

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Gene D. Lebwick	loan on commerical bldg located at 400 Washington St. Oregon, IL			x				
	Rock River Bank, Oregon, IL 61061	open note			x				

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
	None	

Use additional sheets if more space is required.

Reporting Individual's Name
Donald A. Manzullo

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6–13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	NONE						

This page may be copied if more space is required.

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Reporting Individual's Name
Donald A. Manzullo

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
	None

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 28.

Date	Parties To	Terms of Agreement
12/92	Agreement with various attorneys to collect residual legal fees on cases still pending with Donald A.	
	Manzullo, P.C. as per permission granted from House Committee on Official Conduct by letter dated 1/5/93.	

GPO: 1992 80-836A (pa)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

(6)

RECEIVED
1993 MAY 17 AM 10 48

MARJORIE MARGOLIES - MEZVINSKY
(Full Name)

815 WOODBINE AVENUE
(Mailing Address)

Daytime Telephone

NARBERTH PA 19072 215-664-1780

Filer Status	[X] Member of the U.S. House of Representatives	State: PA District: 13	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

HAND DELIVERED

MC

(Office Use Only)

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PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS -- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION -- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Marjorie Margolies Mezvinsky

DATE (Month, Day, Year) 5/13/93

Reporting Individual's Name
MARJORIE MARGOLIES MEZVINSKY

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	PAUL A. MAHON, CHARTERED (PREV. MARCC FILMS, LTD)	FEE	12,500
	McCLAINE ENTERPRISES	FEE	5,000
	EDWARD M MEZVINSKY, ESQ	SPOUSE - Legal Fee	NA
	Second National Federal Savings Bank	SPOUSE - Advisory Board Member - Fee	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

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Reporting Individual's Name
MARJORIE MARGOLIES-MEZVINSKY

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
	GE CORP STOCK			X									X								X									
	MIDLANTIC BANK STOCK			X									X								X									
S	Growth Holding Ent/American Federal Inc										X								Common Stock	X										
S	Intercontinental Trading Group, Inc										X								Common Stock	X										
	FIRST NY BANK			X									X								X									
S	A+F Realty					X								X											X					

For additional assets and unearned income, use next page

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Margaret Margolies-Mezvinsky

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Tamarac, Inc				X								X					X										x (inherited)
S	Accounts and Notes Receivable								X								Notes Rec Due	X										
	Marco Films, Ltd	X																X										x (entity terminated 1992)

Schedule III—Continuation

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Reporting Individual's Name
MARJORIE MARGOLIES-MEZVINSKY

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	"SEE ATTACHED"								

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

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Reporting Individual Name
Marjorie Margolies Mezvinsky

SCHEDULE V - LIABILITIES

S DC JT	CREDITOR	TYPE OF LIABILITY	CATEGORY of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $ over $1,000,000
	BANK Leumi, PHILADELPHIA	Personal LOAN		X					
	BRYN MAWR TRUST, BRYN MAWR	Personal LOAN		X					
	FIRST VALLEY BANK, Bethlehem	Personal LOAN			X				
	IOWA STATE BANK, Iowa City, IA	Personal LOAN	X						
	LIBERTY BANK, Pittsburgh, PA	Personal LOAN				X			
	Philadelphia National Bank, Phila, PA	Personal LOAN		X					
	REPUBLIC BANK, Phila. PA	Personal LOAN		X					
	United Valley Bank, Phila. PA	Personal LOAN		X					
	MBNA, Wilmington, DE	Personal LOAN	X						
S	Wenonah, Phila. PA.	Personal LOAN (Balance 12/92 -0-)		X					
S	Holmes, Phila. PA.	Personal LOAN			X				
S	Kriger, Phila. PA.	Personal LOAN		X					

Reporting Individuals Name
Marjorie Margolies Mezvinsky

SCHEDULE V - LIABILITIES

S DC JT	CREDITOR	TYPE OF LIABILITY	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $ over $1,000,000
	LANDWERTH, KISSIMMEE, FL	Personal Loan (Balance 12/92)			X				
	LUNDY, PHILA PA	Personal Loan (Balance =0- 12/92)				X			
	Jefferson Bank	Personal Loan			X				
	Delaware National Bank	Personal Loan		X					

CATEGORY of Amount of Value (X)

Reporting Individual's Name
Marjorie Margolies-Mezvinsky

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
BOARD MEMBER	American Council Nationalities Services/International Social Services (No Compensation)
TRUSTEE	TRUSTEES' COUNCIL OF PENN WOMEN (University of PA) (No Compensation)
Director, VP, Sec'y	American Federal Ins. Co. (No COMPENSATION) (Resigned 2/1/92)

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1992 50-538A (ea)

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992	FORM A For use by Members, officers, and employees

1993 MAY 17

Edward J. Markey
(Full Name)

2133 Rayburn House Office Building
(Mailing Address)

202-225-2836
Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives — State MA District 07	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment / [ ] Termination — Termination Date

MC

HAND DELIVERED

(Office Use Only)

5

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS -- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION -- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Edward J. Markey	May 15, 1993

2256

Reporting Individual's Name
Edward J. Markey

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
Spouse:	National Institute of Mental Health	Spouse Salary	NA
Spouse:	Private Practice of Medicine	Fees	NA
Spouse:	Consulting	Fees	NA
Spouse:	Capital Area Community Health Plan	Medical Lectures	$2,250.

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name: Edward J. Markey

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S — ABC Corporation Stock				X								X									X								X
George Wash. Credit Union Accounts					X									X									X						
182 Main Street, Dover, Delaware						X							X									X							
	Cong. Federal Credit Union Accts				X									X							X								
	(formerly Bank for Savings) Medford Savings Bank, Medford, MA			X										X							X								
	Shearson Lehman Bros., IRA			X														NA											
S	Dominion Bank, Rockville, MD				X									X								X							X
S	Merrill Lynch, IRA			X														NA											
S	TIAA-CREFF Retirement Annuity						X											NA											X

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Edward J. Markey

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S	C.L. Trust (Fractional Interest)			X																		X					X
	Chase Bank																										
	Citibank (merged with Chase) Columbia Federal Bank																										
S	Merrill Lynch Money Market Tax Free Acct.						X							X							X						X
S	Port Authority NY-NJ Tax Free Mun. Bonds				X									X							X						X

Schedule III – Continuation

2259

Reporting Individual's Name

Edward J. Markey

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
S	Scotiabank		X		1-7-92					X		
S	Scotiabank		X		2-14-92		X					
S	Merrill Lynch Money Market Tax Free Account	X								X		
S	Port Authority NY-NJ Tax Free Municipal Bonds	X						X				

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1993 MAY 26 AM 11: 12
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

4

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MC (Office Use Only)

MATTHEW GILBERT MARTINEZ
(Full Name)

1080 Wisconsin Avenue, N.W., #2020
(Mailing Address)

Washington, D.C. 20007

Daytime Telephone (202) 225-5464

Filer Status: [XX] Member of the U.S. House of Representatives — State: California District: 31st; [ ] Officer or Employee; Employing Office:

Report Type: [XX] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [XX]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [XX]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [XX]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [XX]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [ ]	No [XX]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [XX]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [XX]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [XX]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [XX]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [XX]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [XX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL M. G. Martinez

DATE (Month, Day, Year) May 26, 1993

2261

Reporting Individual's Name

MATTHEW GILBERT MARTINEZ

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	APARTMENT UNITS 439 S. New Avenue; Monterey Park, CA 91754	Rental Income	$25,510.00
	APARTMENT UNITS 3514 S. Beverly Blvd., Montebello, CA 90640	Rental Income	$15,850.00
	Condominium 300 M. Street, S.W.,#W102; Washington, DC.C. 20024	Rental Income	$ 6,600.00
	2nd Trust Deed Raymond Cheng, Monterey Park, CA 91754	1st Trust Deed Inc.	$19,200.00

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

2262

Reporting Individual's Name
MATTHEW GILBERT MARTINEZ

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Trust Savings Bank Monterey Park, CA 91754	Mortgage on 439 S. New Avenue				X			
	Mellon Mortgage Company	Mortgage on 1080 Wisc. Ave.				X			
	Marghretten Mortgage Company	Mortgage on 300 M. St. S.W.		X					

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
MATTHEW GILBERT MARTIENZ

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	National Council of Juvenile Court Judges	Jan 17, 92	Wash.,D.C.; Palm Sprngs CA; Wash., D.C.	N	N	None	1 day
	Phil Donohue Show New York	Mar.26,92	Wash.,D.C.;N.Y.;D.C.	N	N	None	N
	Image Albuquerque, New Mexico	5/21 thru 5/26/92	Wash.,D.C.-Denver-Albq-Denver-Los Angeles.	Y	Y	None	N
	National Assn. of Nutrition and Aging Services	5/27&5/28/92	Wash.,D.C.-Albany,N.Y.-Wash.,D.C.	Y	Y	None	N

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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(Office Use Only)

2265

(Full Name)	MATTHEW GILBERT MARTINEZ
(Mailing Address)	2231 Rayburn House Office Building
	Washington, D.C. 20515
Daytime Telephone	(202) 225-5464
Filer Status	[XX] Member of the U.S. House of Representatives — State: California District: 31st C.D. — [ ] Officer or Employee — Employing Office:
Report Type	[XX] Annual (May 15) — [XX] Amendment — [ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [XX]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [XX]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [XX]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [XX]
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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes [ ]	No [XX]

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SIGNATURE OF REPORTING INDIVIDUAL: Matthew G. Martinez	DATE (Month, Day, Year): June 8, 1993

Reporting Individual's Name
MATTHEW GILBERT MARTINEZ

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock			X								X									X									X
		George Wash. Credit Union Accounts				X								X										X							
		182 Main Street, Dover, Delaware					X							X									X								
S	APARTMENT UNITS; 439 S. New Ave Monterey Park, CA 91754								X					X												X	X				
S	APARTMENT UNITS: 3514 Beverly Blvd.; Montebello, CA 90640								X					X												X					
S	1st Trust Deed; Raymond Cheng Monterey Park, CA 91754							X							X											X					
JT	Condominium; 300 M. St. S.W. Washington, D.C. 20024						X							X											X						
JT	Condominium; 1080 Wisc. Ave.N.W. Washinton, D.C. 20007							X						X												X					

For additional assets and unearned income, use next page

Reporting Individual's Name
MATTHEW GILBERT MARTINEZ

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Trust Savings Bank Monterey Park, CA 91754	Mort; 3514 Beverly Blvd and 439 S. New Avenue apt units				X			
	Mellon Mortgage Company	Mort; 1080 Wisc. Avenue,N.W.				X			
	Marghretten Mortgage Compa ny	Mort; 300 M. St., S.W.		X					

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
MATTHEW GILBERT MARTINEZ

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Nat'l. Council of Juvenile Court Judges	1-17-92	Wash.,D.C.--Palm Spngs, CA--Wash.,D.C.	N	N	None	1day
	Phil Donohue Shaw New York	1-26-92	Wash.,D.C. -- New York, Wash., D.C.	N	N	None	N
	Image Albuquerque, New Mexico	5-21-92	Wash., D.C.--Los Angeles	Y	Y	None	N
	Nat;l. Association of Nutrition & Aging Services	5-27-92 5-28-92	Wash.,D.C.--Albany, N.Y.--Wash., D.C.	Y	Y	None	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

1993 MAY 14 PM 2:55

MC (7)

HAND DELIVERED

(Office Use Only)

2269

ROBERT TAKEO MATSUI
(Full Name)

U.S. House of Representatives
2311 Rayburn House Office Building
(Mailing Address)

(202) 225-7163
Daytime Telephone

Washington, D.C. 20515

Filer Status	[x] Member of the U.S. House of Representatives — State: CA District: 5	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [x]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [x]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [x]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [x] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [x]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ] No [x]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [x]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [x]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [x]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [x]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Robert T. Matsui	**DATE (Month, Day, Year)** May 13, 1993

Reporting Individual's Name

ROBERT TAKEO MATSUI

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
XYZ Magazine	Article	Aug. 13, 1992	$500
National Association of Targeted Jobs Tax Credit Companies, Washington, D.C.	Speech	Mar. 19, 1992	$2,000

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2270

Reporting Individual's Name
ROBERT TAKEO MATSUI

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
	Wright Patman Congressional Federal Credit Union				X										X						X									
	Wright Patman Cong. FCU - held in trust for Brian R. Matsui				X										X						X									
DC	Bank of Baltimore - CD					X									X							X								cashed out
	American Savings Bank - checking						X								X							X								
JT	Bank of Baltimore						X								X							X								
JT	Union Bank					X									X						X									

For additional assets and unearned income, use next page

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ROBERT TAKEO MATSUI

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Union Bank - CD			X										X							X								cashed out
	Golden One Credit Union - CD			X										X						X									cashed out
S	Bank of America - checking			X										X						X									
JT	Nartrow, Inc. stock				X							NONE (income loss)																	
	Bank of America - CD				X									X								X							
DC	American Savings Bank			X										X							X								
JT	American Express Daily Dividend Fund			X										X						X									
JT	Pacific Gas & Electric Common Stock			X								X									X								
JT	Sierra Pacific Resources Common Stock			X								X								X									
JT	MARTINEZ CALIF MULT FAM HSG RV REGD, MARIN S&L-FSLIC INSD CD TO100M BOND			X										X							X								
JT	CALIFORNIA HLTH FACL AUTH ST JOSEPH HLTH SYM-SER B-REGD BOND				X									X								X							
JT	KERN CNTY CALIF COP BEALE MEM LIBRARY BK ENTRY O.I.D. BOND				X									X								X							X
JT	UNIV CALIF REVS BERKLEY INTRA SPORTS FAC REG BOND				X									X								X							
JT	CALIFORNIA PCF PCR PAC GAS & ELEC CO-SER A-REG-REF BOND			X										X							X								
	CALIFORNIA ST VAR PURP BOOK ENTRY DTD BOND			X										X							X								X

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ROBERT TAKEO MATSUI

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	Applied Solar Energy Corp. Stock			X								X							X										X
	CALIF DEPT WTR RES SER E 5/1/83- CENTRAL VLY PJ PWR FACS REV																												
JT	PREREFUNDED DUE 12/01/2014 RATE 8.500 BOND			X										X							X								X
JT	Portland General Corp. Stock			X								X								X									X
JT	Wetterau Inc. Stock			X								X								X									X
JT	Wetterau Properties Inc. Stock		X									X							X										X

Reporting Individual's Name
ROBERT TAKEO MATSUI

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale OR Call	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H OVER $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Applied Solar Energy		x		3-16-92	x						
	CALIFORNIA ST VAR PURP BOOK ENTRY DTD 10/1/92 F/C 4/1/93 DUE 10/01/2019 RATE 6.250	x			11-13-92	x						
	CALIFORNIA DEPT WTR RES SER E 5/1/83-CENTRAL VLY PJ PWR FACS REV PREREFUNDED DUE 12/01/2014 RATE 8.500		x		12-01-92	x						
	KERN CNTY CALIF COP BEALE MEM LIBRARY ENTRY O.I.D. DTD 12/1/90 F/C 6/1/91 CBLE DUE 12/01/2007 RATE 7.100	x			5-04-92		x					
	Portland General Corp.		x		5-04-92	x						
	Wetterau Inc. Wetterau Properties Inc.		x		5-04-92	x						

Reporting Individual's Name

ROBERT TAKEO MATSUI

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Buddhist Churches of America	Feb. 21-24	Sacramento-Fresno (Member) Wash., D.C.-Sacramento-				
			Fresno-New York-Wash., D.C. (Spouse)	Y	Y	Spouse	3 days
	Asian Business League of San Francisco	June 13	N/A	Y	Y	None	N
	National Japanese American Citizens League	Aug. 8	N/A	Y	Y	None	N
	National Association of Real Estate Investment Trusts, Inc.	Oct. 16	N/A	Y	Y	None	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

1993 MAY 10 PM 12: 40

U.S. House of Representatives

(13)

HAND DELIVERED

(Office Use Only)

Romano Louis Mazzoli
(Full Name)

939 Ardmore Drive
(Mailing Address)

Daytime Telephone: 202/225-5401

Louisville, Kentucky 40217

Filer Status	[XX] Member of the U.S. House of Representatives	State: KY District: 3	[ ] Officer or Employee	Employing Office:
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [XX]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [XX]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [XX]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [XX]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [XX]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [XX]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [XX]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [XX]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [XX]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [XX]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [XX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Romano L. Mazzoli

DATE (Month, Day, Year): May 6, 1993

2276

Reporting Individual's Name

Romano L. Mazzoli

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Alexandria Drafting Company, Alexandria, Virginia	Spouse: Salary	$29,501.11
	Weichert-Mount Vernon Real Estate Company, Alexandria, Virginia	Spouse:	
		Referral Fee: $100	
		License Fee: $180	
			$ -80.00

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name

Romano L. Mazzoli

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	N/A	N/A	N/A	N/A

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Reporting Individual's Name
Romano L. Mazzoli

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)									Actual Value of Asset	BLOCK C Income: Type of Income (X)					Actual Value of Interest	Category of Amount of Income (X)									Block D Transaction (X)
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional. M = Member/Filer		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X								X								X
	George Wash. Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X							X									X						
M	Congressional Federal Credit Union																											
	Account #62976-0 (Savings)	X									$27.98			X				$1.24	X									
	Account #62976-1 (Checking)			X							$1,027.18			X				$75.03	X									
S	Congressional Federal Credit Union																											
	Account #84720-0 (Savings)			X							$1,617.23			X				$52.37	X									
	Account #84720-1 (Checking)			X							$6,711.31			X				$220.58		X								

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Romano L. Mazzoli

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Actual Value of Asset	Type of Income (X)					Actual Value of Interest	Category of Amount of Income (X)											Transaction (X)
S, DC, JT	M = Member/Filer	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Congressional Federal Credit Union																												
	Certificate of Deposit #25778			X							$2,743.48			X				$171.38		X									
	Certificate of Deposit #25779			X							$4,474.21			X				$279.48			X								
	Certificate of Deposit #21128	X									0			X				$197.62		X									
	(Matured 11/15/92)																												
	Certificate of Deposit #23972	X									0			X				$89.54		X									
	(Matured 11/15/92)																												
S	The Cumberland Savings and Loan																												
	#01-000-001-00610155499	X									0			X				$.07		X									
	(Closed January, 1992)																												
JT	First Nat'l Bank and Trust Co.																												
	#427-5518-4 (Special Account)		X								$316.46			X				$11.80		X									
M	Liberty Nat'l Bank and Trust Co.																												
	#00922668 (Checking)			X							$9,048.06			X				$335.17			X								
M	U.S. Savings Bonds Series E			X							$3,029.56			X				$201.13			X								

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Romano L. Mazzoli

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Actual Value of Asset	Type of Income (X)					Actual Value of Interest	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	M = Member/Filer	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Liberty Nat'l Bank and Trust Co.																										
	Certificate of Deposit																										
	#01-024-0064989			X							$5,531.22			X				$466.20			X							
S	U.S. Treasury Bills																										
	#912794XX7 ($10,000 - Matured)	X												X				$287.70			X							
	#912794YK4 ($10,000 - Matured)	X												X				$258.30			X							
	#912794YM0 ($10,000 - Matured)	X												X				$242.70			X							
	#912794YW8			X							$10,000			X				$198.70		X								
	#912794YZ1			X							$10,000			X				$195.10		X								
	#912794ZR8			X							$10,000			X				$191.10		X								
S	Massachusetts Mutual Life Insurance																										
	Profit Sharing Plan			X							$7,085.03			X				$94.75		X								
M	Liberty Nat'l Bank and Trust Co.																										
	IRA #2905081232				X						$20,726.77			X				$1,724.79				X						

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Romano L. Mazzoli

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Actual Value of Asset	Type of Income (X)					Actual Value of Interest	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	M = Member/Filer	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Liberty Nat'l Bank and Trust Co.																												
	IRA #01527329				X						$23,105.78			X				$1,705.71				X							
M	Civil Service Retirement System																												
	Contributions Since 1971					X					$85,806.64							N/A				N/A							
M	Civil Service Retirement System																												
	Voluntary Contribution Program																												
	#37943VC				X						$26,250.00			X				$1,071.57				X							
M	Federal Employee (401-k) Thrift																												
	Savings Plan				X						$36,435.72			X				$1,179.46				X							
JT	Real Estate: Personal Residences																												
	939 Ardmore Drive																												
	Louisville, Kentucky 40217																												
	Assessed Value: $69,020.00																												
	Less Mortgage: $ 1,507.47																												
	Net Value: $67,512.53					X					$67,512.53							N/A				N/A							

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Romano L. Mazzoli

You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)									Actual Value of Asset	Type of Income (X)					Actual Value of Interest	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	M = Member/Filer	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	Real Estate: Personal Residences																											
	1030 Anderson Street																											
	Alexandria, Virginia 22312																											
	Assessed Value: $183,900.00																											
	Less Mortgage: $ 32,156.38																											
	Net Value: $151,743.62						X				$151,743.62																	
JT	Real Estate: Rental/Investment																											
	929 Parkway Drive																											
	Louisville, Kentucky 40217																											
	(Sold on 2/12/92 for $42,000. Originally purchased 9/24/87 for $45,000)																											
	Rent: $880.00 Interest: $ 11.95 $891.95																											
	Expenses: $600.00 Income : $291.95	X											X					Rent: $291.95			X							
JT	Household Goods and Personal Items			X							$8,000.00							N/A										

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Romano L. Mazzoli

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Actual Value of Asset	Type of Income (X)						Actual Value of Interest	Category of Amount of Income (X)									Transaction (X)
S, DC, JT — M = Member/Filer	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
JT Automobiles:																											
1965 Rambler (Assessed Value)		X								$266.00							N/A										
1973 Chevrolet (Assessed Value)		X								$923.00							N/A										
1985 Chevrolet (Assessed Value)			X							$2,122.00							N/A										

Reporting Individual's Name: Romano L. Mazzoli

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
JT	Sold real estate rental property on 2/12/92 for $42,000		X		2/12/92		X					
	929 Parkway Drive											
	Louisville, Kentucky 40217											
	(Property originally purchased 9/24/87 for $45,000)											
M	Retired loan of $10,000 to R. L. Mazzoli Campaign Fund for				2/10/92	X						
	1990 campaign by Liberty National Bank and Trust Co.,											
	Louisville, Kentucky. Retired in full plus $196.16 interest											
	on 2/10/92.											

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Reporting Individual's Name
Romano L. Mazzoli

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
M	Liberty National Bank and Trust Co.								
	Louisville, Kentucky	$10,000 loan to R. L. Mazzoli	X						
		Campaign Fund for 1990 campaign.							
		(Loan and interest paid on 2/10/92)							

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
None	N/A	N/A

Use additional sheets if more space is required.

Reporting Individual's Name

Romano L. Mazzoli

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	N/A	N/A	N/A	N/A	N/A	N/A	N/A

This page may be copied if more space is required.

Reporting Individual's Name
Romano L. Mazzoli

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Spouse - Board of Directors	Ursuline Campus Schools, Louisville, Kentucky

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
N/A	None	N/A

GPO: 1982 O-376A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 17 [illegible]:53

Martin T. Meehan
(Full Name)

320 Clark Road
(Mailing Address)

Lowell, MA 01852

Daytime Telephone: 202-225-3411

Filer Status	[X] Member of the U.S. House of Representatives — State: MA District: 5	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

HAND DELIVERED

(5)

mc

(Office Use Only)

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PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**		X
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**		X
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**		X
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**		X
Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	X	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)		X
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Marty Meehan

DATE (Month, Day, Year): 5/17/93

Reporting Individual's Name

Martin T. Meehan

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Middlesex County District Attorney	Salary	$30,826.00
	PEPSCO	Deferred Compensation	$20,000.00
	Mass. State Retirement Plan	Retirement Fund	$43,749.00

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

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Reporting Individual's Name: Martin T. Meehan

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)										Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X									X								X
			George Wash. Credit Union Accounts			X									X								X							
			182 Main Street, Dover, Delaware					X						X								X								
			305 North End Blvd. Salisbury, MA						X					X								X								
			MassBank for Savings (formerly Central Savings Bank) 50 Central St. Lowell, MA	X											X							X								name change
			Mass State Retirement Plan	X															retirement fund	X										reported on schedule I
			Mass State Employee Deferred Compensation			X													deferred compensation	X										
			Lowell Five Cents Savings Bank					X							X					X										see schedule IV

For additional assets and unearned income, use next page

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Reporting Individual's Name
Martin T. Meehan

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	ITT Bowest-formerly Central Savings, Lowell MA	Mortgage on 305 North End Blvd., Salisbury, MA				X			
	Lowell Five Cents Savings Bank, Lowell, MA	Passbook Loan		X					
	United States Trust Company, Boston, MA	90-day Loan		X					

SCHEDULE VI—GIFTS N/A

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
Martin T. Meehan

SCHEDULE VIII – POSITIONS N/A

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
Aug. 1992	PEPSCO	Payment of deferred compensation at $4,000.00
		per month beginning Aug. 1992 and ending
		December 1992.

GPO: 1992 50-535A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 17 [illegible] 4:13

(9)

Carrie P. Meek
(Full Name)

404 Cannon Office Bldg.
(Mailing Address)

202 225 4506
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State Florida District 17	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

MC [illegible]
(Office Use Only)

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [ ]	No [X]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Carrie P. Meek

DATE (Month, Day, Year): May 17, 1993

2294

Reporting Individual's Name
Carrie P. Meek

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Miami Dade Community College, Miami, Fla	Salary/Retirement Pension	11,000.
	Congressional Salary - House of Representatives	11,133.33/Salary Monthly	11,133.33

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Carrie P. Meek

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13

NA

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500

This page may be copied if more space is required.

Reporting Individual's Name
Carrie Meek

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X							X
			George Wash. Credit Union Accounts				X								X					
			182 Main Street, Dover, Delaware					X						X						
			Stock Options - Home Interactive Corp						X											
			Tax Sheltered Annuity (Travelers Co)						X											
			Credit Union Accounts			X														

Block A	Block B	Block C
		Category of Amount of Income (X): I None; II Less than $201; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X over $1,000,000
ABC Corporation Stock		III
George Wash. Credit Union Accounts		IV
182 Main Street, Dover, Delaware		III

For additional assets and unearned income, use next page

Schedule III

2297

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Carrie Meek

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	

2298

Reporting Individual's Name: Carrie P. Meek

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

		Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
S, DC, JT	Identification of Assets											
	Example: ABC Corporation Common Stock	X			10-12-92			X				

Reporting Individual's Name

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $1,000,000	G $1,000,001 – $5,000,000	H over $5,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Republic Bank of Miami	Mortgage-6830 18 Ave, Miami		X					
	Standard Federal Bank	Mortgage-1830 Lorette, Tallahassee		X					
	Sunshine State Credit Union, Tallahassee.	Loan	X						
	Maryland Bank	Credit Card - Miscellaneous	X						
	Citicorp Bank	Credit Card - Miscellaneous	X						

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
Carrie P. Meek

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totaling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	Aspen Institute 1333 N. Hampshire Ave N.W.	April 2-11 '93	Wash. D.C. – New York to Johannesburg, S.Afr.	Y	Y	Daughter	7 days

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Reporting Individual's Name
Carrie P. Meek

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

Positions	Name of Organization

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1988 — 56-538A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1993 JUN -9 AM 11: 19
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC
9
HAND DELIVERED
(Office Use Only)

CARRIE P. MEEK
(Full Name)

404 CANNON OFFICE BLDG.
(Mailing Address)

202 225-4506
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: FLORIDA District: 17	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [ ]	No [X]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Carrie P. Meek	JUNE 1, 1993

2303

Reporting Individual's Name
Carrie P. Meek

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Miami Dade Community College, Miami, Fla	Salary/Retirement Pension	11,000
	Congressional Salary - House of Representatives	11,133.33 Salary Monthly	11,133.33

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Carrie P. Meek

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

NA

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500

This page may be copied if more space is required.

Page 2 of ____

Schedule II

Reporting Individual's Name: Carrie P. Meek

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None"

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X								X									X
			George Wash. Credit Union Accounts				X								X								X							
			182 Main Street, Dover, Delaware					X						X								X								
			Stock Options Home Intensive Care					X					NA																	
			Tax Sheltered Annuity (Teachers Co)					X					X																	
			Credit Union Accounts:																											
			Dade County Teachers Credit Union, Miami, Fla			X									X															
			Sunshine State Credit Union Tallahassee, Fla			X									X															

For additional assets and unearned income, use next page

2306

Reporting Individual's Name: Carrie P. Meek

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	

2307

Reporting Individual's Name: Carrie P. Meek

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				

2308

Reporting Individual's Name
Carrie P. Meek

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Republic Bank of Miami	Mortgage 6830 28 Ave Miami		X					
	Standard Federal Bank	Mortgage 1830 Larette Tallahassee		X					
	Sunshine State Credit Union Tallahassee	Loan	X						
	Maryland Bank	Credit Card - Miscellaneous	X						
	Citicorp Bank	Credit Card Miscellaneous	X						

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
Carrie P. Meek

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Aspen Institute	April 2-11 93'	Wash. DC. -New York				
	1333 N. Hampshire Ave		to Johannesburg, SAfr.	Y	Y	Daughter	7 days
	N.W.						

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Reporting Individual's Name
Carrie P. Meek

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1992 59-835A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

1993 MAY 14 PM 4:22

(5)

MC **HAND DELIVERED**

(Office Use Only)

Robert Menendez
(Full Name)

517 - 15th Street, Union City, NJ 07087
(Mailing Address)

201/222-2828
202/225-7919
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State NJ District 13	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Robert Menendez

DATE (Month, Day, Year) 5/14/93

2312

Reporting Individual's Name

Robert Menendez

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Union City Board of Education, 3912 Bergen Turnpike, Union City, NJ	Spouse Salary	NA
	City of Union City, 3715 Palisade Ave., Union City, NJ	Mayor's Salary	$13,483.
	State of New Jersey, Trenton, NJ - NJ State Senate	State Senate Salary	$33,250.

For payments to charity in lieu of honoraria, use Schedule II

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Robert Menendez

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	1806 West St.,Union City, NJ						X				Assessed value		X											X				
JT	535-41st St., Union City, NJ							X					X											X				
JT	Union City Savings - Savings			X										X						X								

Schedule III—Continuation

2314

Reporting Individual's Name: Robert Menendez

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,000 over
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Union City Savings	Mortgage on 1806 West St.,Union City		X					
JT	Union City Savings-4200 Bergenline Ave.,Union City	Mortgage on 535-41st St.,Un.City,NJ				X			

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Reporting Individual's Name

Robert Menendez

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

Positions	Name of Organization
Chairman	Association of NJ Hispanic Officials
Director	Housing Development Program - LaCasa de Don Pedro

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
5/10/93	Henry Furst, Esq.	Buyout of law practice and deferred compensation for
		legal services prior to entering Congress.

GPO: 1992 50-635A (pa)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 17 [illegible]

Janis L. Meyers
(Full Name)

8408 W. 90th Street
(Mailing Address)

Overland Park, Kansas 66212

Daytime Telephone: 913-383-2013

12

Filer Status	[X] Member of the U.S. House of Representatives	State: Kansas District: Third	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

HAND DELIVERED
(Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes	[X]	No	[ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes	[ ]	No	[X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes	[X]	No	[ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes	[X]	No	[ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes	[X]	No	[ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes	[ ]	No	[X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes	[ ]	No	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Jan Meyers	5/17/93

2317

Reporting Individual's Name
Janis L. Meyers

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Capitol Federal Savings & Loan	Spouse - Talent Fee	

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name

Janis L. Meyers

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500

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Reporting Individual's Name
Janis L. Meyers

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X									X						
			162 Main Street, Dover, Delaware					X							X									X						
S	Principal Mutual			X																Pension						X				
S	Capitol Federal					X										X							X								
	Metcalf State Bank							X								X									X						
	Congressional Fed. Cr. Un.						X									X								X							
	Security National Bank					X										X							X								
	Northwestern Bell - Debenture					X										X						X									

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Janis L. Meyers

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
JT	Baxter Springs, Ks. - Bonds			X										X							X								
JT	Nueces Cnty. Tex. - Bonds			X										X								X							X
JT	Jefferson Cnty. KY. - Bonds			X										X							X								
JT	Southwestern Okla. Ind. - Bonds			X										X							X								
JT	Gulf Coast Waste Dsp. - Bonds			X										X							X								
	New Hampshire IRB - Bonds			X										X								X							
JT	Johnson Cnty. Ks. - Bonds			X										X							X								
JT	Flagship Kansas - Mutual Fund			X								X								X									X
JT	CMA Tax Exempt Fund			X								X								X									
	Uinta Cnty., Wy. - Bonds			X										X						X									X
JT	BRE Properties			X								X								X									
S	American Capital - Mutual Fund			X								X										X							
S	NE Utilities - Stock			X								X									X								
S	Midwest Resources - Stock			X								X									X								
S	Oklahoma Mineral Rights			X														Royalty		X									

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name: Janis L. Meyers

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
	Wyoming Land			X									X							X									
	Nebraska Farm Land					X							X									X							
	Kansas Farm Land				X								X									X							
	Metcalf State Bank - IRA				X									X							X								
JT	Computer Science - Stock			X								X							X										
JT	Nynex Corporation - Stock			X								X								X									
JT	DH Technology, Inc. - Stock			X								X							X										
JT	Wal Mart Stores - Stock			X								X								X									
S	Comstock Partners			X								X						IRA			X								
S	Anheuser Busch - Stock				X							X						IRA			X								
S	Browning-Ferris - Stock				X							X						IRA			X								
S	Eastman Kodak - Stock			X								X						IRA			X								
S	Freeport McMoran - Ptn.			X									X					IRA	X										
S	Northern States Power - Stock				X							X						IRA				X							
S	Bristol Myers Squibb - Stock				X							X						IRA			X								X

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Janis L. Meyers

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S	Kansas City Pwr. & Lt. - Stock			X								X						IRA			X								X
S	Western Resources - Stock			X								X						IRA			X								X
S	Merck & Co. - Stock				X							X						IRA			X								X
S	RJR Nabisco - Stock			X								X						IRA			X								X
S	Van Kampen Merritt - Stock			X								X						IRA			X								X
S	Great Hall Money Market				X							X						IRA			X								
S	Kansas City Pwr. & Lt. - Stock			X								X						IRA			X								X
S	Western Resources - Stock			X								X						IRA			X								X
S	RJR Nabisco - Stock			X								X						IRA			X								X
S	Van Kampen Merritt - Stock			X								X						IRA				X							X
S	Fourth Financial Corp. - Stock			X								X						IRA			X								X
S	U. S. Treasury Bonds								X					X				IRA	X										X

Reporting Individual's Name
Janis L. Meyers

SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
JT	Nueces Cnty. Tex. - Bonds		X		10-23-92	X						
JT	Flagship Kansas - Mutual Fund	X			12-04-92	X						
	Uinta Cnty. Wy. - Bonds		X		06-01-92	X						
S	Aon Corp. - Stock		X		01-23-92		X					
S	Genuine Parts - Stock		X		01-23-92		X					
S	Rockwell Intl. - Stock		X		01-23-92		X					
S	Bristol Myers Squibb - Stock	X			01-23-92		X					
S	Kansas City Pwr. & Lt. - Stock	X			01-08-92	X						
S	Western Resources - Stock	X			01-08-92	X						
S	Merck & Co. - Stock	X			01-23-92		X					
S	RJR Nabisco - Stock	X			01-08-92	X						
S	Van Kampen Merritt - Stock	X			01-08-92	X						
S	Kansas City Pwr. & Lt. - Stock	X			01-08-92	X						
S	Western Resources - Stock	X			01-08-92	X						
S	RJR Nabisco - Stock	X			01-08-92	X						
S	Van Kampen Merritt - Stock	X			01-08-92	X						
S	Fourth Financial Corp. - Stock	X			02-14-92	X						

Reporting Individual's Name
Janis L. Meyers

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
S	U.S. Treasury Bonds	X			01-07-92	X						
S	U.S. Treasury Bonds	X			01-07-92		X					
S	U.S. Treasury Bonds		X		01-07-92			X				
S	U.S. Treasury Bonds		X		02-13-92	X						
S	U.S. Treasury Bonds		X		05-15-92		X					

Reporting Individual's Name
Janis L. Meyers

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Colonial Savings of Texas	Mortgage on 1805 Crystal Dr. #316 Arlington, Virginia 22202				X			

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
Janis L. Meyers

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days

This page may be copied if more space is required.

Reporting Individual's Name
Janis L. Meyers

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I For further information see Instructions, page 25

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1992 80-826A (pa)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 17

(8)

Kweisi Mfume
(Full Name)

2419 Rayburn HOB
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: 202/225-4741

Filer Status	[X] Member of the U.S. House of Representatives	State: Maryland District: 7th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

HAND DELIVERED

mc

(Office Use Only)

2329

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Kweisi Mfume

DATE (Month, Day, Year): 5-17-93

Reporting Individual's Name

Kweisi Mfume

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	National Association of Minority Contractors	Speech (conference)	June 27,1992	$2000.00

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Reporting Individual's Name
Kweisi Mfume

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X									X
	George Wash. Credit Union Accounts				X									X									X							
	182 Main Street, Dover, Delaware					X							X									X							
	2 Story Detached Duplex 3403 N. Hilton Road					X							X											X					
	Black Entertainment Television Stock			X								X							X										

For additional assets and unearned income, use next page

Schedule III

Reporting Individual's Name

Kweisi Mfume

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	N/A											

Schedule IV

Reporting Individual's Name

Kweisi Mfume

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Loyola Federal Savings, Baltimore	Mortgage on 3402 N. Hilton Rd. Balto., MD			X				

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
	N/A	

Use additional sheets if more space is required.

Reporting Individual's Name

Kweisi Mfume

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25

Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
National Association of Minority Business	9/11/92 - 9/13/92	Baltimore - St. Thomas Virgin Islands - Balto	y	y	None	N
		Roundtrip airfare and 2 nights lodging in				
		connection with speaking engagement				
Congressional Black Caucus "Black Cong. Leadership Inst.	11/11/92-11/12/92	Balto. to Atlanta-Balto Roundtrip Airfare and 1				
		night lodging in connection with Speaking eng.	Y	Y	None	N

This page may be copied if more space is required.

Reporting Individual's Name
Kweisi Mfume

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 26.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Board Member	Big Brothers & Big Sisters of Central Maryland
Board of Regents	Morgan State University
Board of Trustees	Baltimore Museum of Art
Board Member	Parents Anonymous

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

GPO: 1992 [illegible]

NATIONAL ASSOCIATION OF
MINORITY CONTRACTORS, INC.
1333 F STREET, NW., SUITE 600
WASHINGTON, DC 20004

INDUSTRIAL BANK OF WASHINGTON
WASHINGTON, D.C. 20011

134

June 27 19 92

15-95/540 05

PAY NATIONAL ASSOCIATION OF MINORITY CONTRACTORS $2,000.00 and 00/100 Cts. DOLLARS $ 2,000.00

TO THE ORDER OF Big Brothers & Big Sisters of Central Maryland

Ralph C. Koma III

⑈000134⑈ ⑆054000959⑆ 0466670⑈

COMMITTEES
Banking, Finance & Urban Affairs
Small Business
Joint Economic Committee
Select Committee on Narcotics

SUB COMMITTEES
Housing & Community Development
Financial Institutions Supervision
SBA and the General Economy

MEMBER
Congressional Black Caucus
Caucus on Women's Issues
Congressional Arts Caucus
Federal Government
Service Task Force
Task Force on Homelessness

Congress of the United States
House of Representatives
Washington, D.C. 20515

KWEISI MFUME
7TH DISTRICT MARYLAND

WASHINGTON OFFICE
217 Cannon Building
Washington, D.C. 20515
202/225-4741

DISTRICT OFFICES
3000 Druid Park Drive
Baltimore, MD 21215
410/367-1900

1825 Woodlawn Drive
Suite 106
Baltimore, MD 21207
410/298-5997

2203 N. Charles Street
Baltimore, MD 21218
410/235-2700

May 26, 1993

INSIDE MAIL

(2)

MC

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1993 MAY 28 AM 7:56
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Honorable Jim McDermott
Chairman, Committee on Standards
of Official Conduct
HT2 Capitol
Washington, DC 20515

Dear Mr. Chairman:

Attached please find an amended financial disclosure statement for calendar year 1992. The amended form is necessary in light of my inadvertently checking "yes" to the question concerning "earned" income of more than $200. The correct answer regarding "earned" income is "no". I did not earn income of more than $200 from any source in the reporting period. The error was generated because I assumed rental income, as reported on Schedule III, should have applied.

Thank you for your attention to this information. Please contact me if I can provide any additional information.

Sincerely,

Kweisi Mfume
Member of Congress

KM/tdh

Enclosure

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1993 MAY 28 AM 7:56
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
INSIDE MAIL
(Office Use Only)

Kweisi Mfume
(Full Name)

2419 Rayburn HOB
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: 202/225-4741

Filer Status	[X] Member of the U.S. House of Representatives	State: Maryland District: 7th	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Kweisi Mfume

DATE (Month, Day, Year) 5-27-93

2338

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

1993 MAY 14 AM 8 42
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
INSIDE MAIL

MC 8
(Office Use Only)

John L. Mica
(Full Name)

2195 Via Tuscany
(Mailing Address)

Daytime Telephone: 202-225-4035

Winter Park, FL 32789

Filer Status	[X] Member of the U.S. House of Representatives	State: Florida District: 7	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

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This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 5/12/93

2339

Reporting Individual's Name
John L. Mica

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	John L. Mica & Associates (International Trade Consulting) Winter Park, Florida	Consulting Fees	$30,000
	Mica, Dudinsky & Associates Winter Park, Florida (Governmental Affairs & Trade)	Partnership Share	$95,845

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
John L. Mica

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			162 Main Street, Dover, Delaware					X						X									X							
			MK Development - Winter Park, FL 50% interest								X			X													X			
			Winter Park Antique Mall, Inc Winter Park, FL					X						X					Retail Sales						X					
			Floral Garden, Inc Sold 1/92 Winter Park, FL			X													Sale of Business					X						X sold
			Mortgage-Medford Lakes, NJ F. Latrell				X								X								X							
			Mortgage - Maitland, FL Amy Ball			X									X					X										
			Mortgage - Washington, DC David Tolson			X									X								X							

For additional assets and unearned income, use next page

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John L. Mica

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	15 - 3rd StreetNE, Washington DC Units 2,4&5 & two garage units							X					X										X					
	305 East Capitol Street SE, Wash. DC 50% interest Rental Unit						X						X					X										
	Park Lakewoods - Condo Rental Units 8B & 9B, Maitland, FL						X						X										X					
	Condo Unit, Maitland, FL 5A Park Lake Woods, 50% Partnership				X								X									X						
	2195 Via Tuscany - Residence Winter Park, FL								X								None	X										
	Lot 21 Chetola Estates - Residence Blowing Rock, NC						X										None	X										
	Mica Dudinsky & Associates 50% Interest, Winter Park, FL				X												Partner-ship share							X				Sold 12/92 interest
	1305 S. Atlantic Ave. Cocoa Beach, FL Unit 130						X						X									X						
	Dakota Cellular, Inc Aberdeen, SD 13% interest						X											X										
	Morehouse Cellular, Inc Monroe, LA 7.5% interest							X										X										
	MD Cellular Communications Inc. Winter Park, FL 7.5% interest				X													X										
	Bank of Winter Park, Winter Park, FL CD								X					X									X					
	National Bank of Commerce Winter Park, FL						X							X									X					
	United of Carolina, Charlotte, NC CD						X							X									X					
	First Union Bank, Winter Park, FL CD	X												X									X					

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John L. Mica

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	California Federal Wildwood, FL CD	X												X									X					
	Palmer National Bank Washington, DC CD & Accts.					X								X									X					
	U.S. Senate Federal Credit Union Washington, DC CD & Accts.						X							X									X					
	First Citizens Bank Blowing Rock, NC CD's & Accts.						X							X									X					
	Met Life Annuity					X												Deferred	X									
	Loch Haven Savings & Loan, Orlando Accts.			X										X						X								
	Sun Bank, Winter Park, FL Accounts			X										X					X									
	Great Western Bank, Winter Park, FL Accts.			X										X						X								
	Mica for Congress Campaign						X							X									X					

Schedule III – Continuation

Reporting Individual's Name: John L. Mica

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Sale of interest to John Dudinsky, Jr. $48,000 12/92 50% interest in Mica Dudinsky & Assoc. 12/92		X				X					
	Sale of Floral Gardens, Inc., Winter Park, FL , Retail Floral and Gift business to Lisa 1/92		X			X						

Page 6 of 8

Schedule IV

2344

Reporting Individual's Name
John L. Mica

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Security Federal Savings and Loan, Winter Park FL	Mortgage, Unit 130 Cocoa Beach Condominium		X					
	Pioneer / Great Western Bank, Winter Park, FL	Mortgages, units 8, 9 & 5A Park Lake Woods Condos, Maitland, FL			X				

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
John L. Mica

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Director	Morehouse Cellular, Inc., Monroe LA
Vice Pres., Director	Dakota Cellular, Inc., Aberdeen, SD
Vice President	Winter Park Antique Mall, Inc., Winter Park, FL
President	Italian American Cultural Society, Orlando, FL
President	MK Development Corp., Winter Park, FL
Partner	Mica/Temple Trail Properties Unit 5A Park Lake Woods Condominium Maitland, FL
Director	Tri-Coastal Cellular, Inc., Las Vegas, NV

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 28.

Date	Parties To	Terms of Agreement

GPO: 1988 89-888A (94)

2346

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF PUBLIC RECORD
1993 MAY 13 AM 10: 14
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC (7)

HAND DELIVERED
(Office Use Only)

Robert H. Michel
(Full Name)

H-232, U.S. Capitol — 202/225-0600
(Mailing Address) — Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Illinois District: 18th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

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SIGNATURE OF REPORTING INDIVIDUAL Robert H. Michel — **DATE (Month, Day, Year)** May 12, 1993

Reporting Individual's Name

Robert H. Michel

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
XYZ Magazine	Article	Aug. 13, 1992	$500
National Assoc. of Broadcasters	Speech	Jan. 11, 1992	$2000
Tobacco Institute	Speech	Jan. 17, 1992	2,000
National Assoc. of Wholesalers	Speech	Jan. 22, 1992	2,000
Chemical Manufacturers	Speech	March 3, 1992	2,000
National Assoc. Home Builders	Speech	March 9, 1992	2,000
American Frozen Food Institute	Speech	March 18, 1992	2,000
Associated Specialty Contractors	Speech	April 6, 1992	2,000
Fay Improvement Co.	Speech	April 8, 1992	2,000
Reed Smith Shaw & McClay Seminar	Speech	May 7, 1992	2,000
American Supply Assoc.	Speech	May 19, 1992	1,500
Chicago Options Exchange	Speech	June 3, 1992	2,000
Fay Improvement Company	Speech	Nov. 12, 1992	2,000

This page may be copied if more space is required.

Reporting Individual's Name
Robert H. Michel

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

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BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock			X								X								X								X
	George Wash. Credit Union Accounts				X									X								X						
	182 Main Street, Dover, Delaware					X							X								X							
	2/3 interest - 320 8th St., S.E.						X						X										X					
	Columbia First Bank			X										X							X							
	Congressional Credit Union				X									X						X								
	Ohio National Life Ins.				X									X						X								
	Transamerica Occidental Life				X									X					X									
	Shearson-Lehman - Sirach Capital						X					X										X						

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Robert H. Michel

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset – Year End Value (X): A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income – Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Shearson-Lehman - IRA				x								N/A																
S	Shearson-Lehman - IRA				x								N/A																
	Shearson-Lehman - Keogh						x						N/A																

Schedule III – Continuation

2350

Reporting Individual's Name
Robert H. Michel

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Community Bank of Peoria (Refinance)	2/3 Mortgage on 320 8th St., S.E.			X				
	Talman Home Mortgage (paid off)	" " " " " " "			X				

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

Reporting Individual's Name

Robert H. Michel

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totaling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–28.

	Source	Date(s)	Point of Departure, Destination(s), Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time (gg) at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 8	Wash. D.C.–Chicago–Wash. D.C.	N	Y	None	N
	ABC Corporation	Aug. 8–13	Wash. D.C.–Los Angeles–Cleveland	Y	Y	Spouse	4 Days
	Nat'l Assoc. Broadcasters	Jan. 10-19	Wash, D.C.-Pal Spr-D.C.	N	N	Spouse	8 days
	The Battle of Normandy Foundation (Substantial Part. & Fact-finding	Apr. 12-16	Wash, D.C.-Paris, Fr.-D.C.	Y	Y	Spouse	N
	Danny Thompson Mem. Golf Tourn. (Charity Golf Tournament)	Aug. 21-23	Houston, Tex-Sun Valley-D.C.	Y	Y	Spouse	N
	Fay Improvement Co	Nov. 11-14	Wash, D.C.-Palm Spr.-D.C.	N	N	None	N

This page may be copied if more space is required.

Reporting Individual's Name
Robert H. Michel

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Trustee	Bradley University (uncompensated)
Partner	320 8th St., S.E. Assoc. "
Director	Dirksen Congressional Research Center (uncompensated)

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1988 50-656A (pu)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

Frederick Daniel Miller
(Full Name)

7806 Seville Circle
(Mailing Address)

Bradenton, Florida 34209

Daytime Telephone: (202) 225-5015

Filer Status: [X] Member of the U.S. House of Representatives — State: Florida, District: 13th; [ ] Officer or Employee — Employing Office:

Report Type: [x] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date:

(9)

MC HAND DELIVERED
(Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [NA]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Seville

DATE (Month, Day, Year): 5/11/93

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Reporting Individual's Name
Frederick Daniel Miller

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Segrist & Miller Corp.	Director's Fee	$ 2,000
	Miller Enterprises of Manatee, Inc.	Director's Fee	$ 26,000
	Miller Enterprises of Manatee, Inc.	Salary	$185,442
	Miller Enterprises of Manatee, Inc.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
F. Daniel Miller

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT Examples: S ABC Corporation Stock			X								X									X							X
George Wash. Credit Union Accounts				X									X									X					
162 Main Street, Dover, Delaware					X							X									X						
Miller Enterprises of Manatee, Inc.									X		X	X	X				Passive income							X			
Miller Brothers of Manatee, Inc.						X							X				Passive income						X				
Don Miller Development Corp.							X					X	X					X									
Miller's Pier Corp.						X							X					X									
Segrist-Miller Corp.							X										Passive income						X				
Manatech Plastics, Inc.					X												Passive income					X					

For additional assets and unearned income, use next page

Schedule III

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SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: F. Daniel Miller

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
CATS Corp. Bonds - IRA					X												IRA										
210 acres-East Feliciana Parish, LA							X					X					X						X				
Twentieth Century Fund - IRA			X														IRA										
City National Bank			X										X							X							
NationeBank (Formerly NCNB)			X										X							X							
U.S.Treasury Notes				X									X									X					
Carolina Power & Light Bonds				X									X								X						
Smith-Barney money market			X										X						X								
Barnett Bank			X										X							X							
Federal National Mortgage Assn.-Bonds				X									X									X					
Sears Roebuck & Co. - Notes				X									X								X						
AG Edwards - Money Market				X									X						X								
Thompson Fund - Mutual Fund			X								X								X								
American Express Corp. - Notes			X										X							X							
American Brands, Inc. - Notes			X										X								X						

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: F. Daniel Miller

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)										Type of Income (X)						Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Philip Morris - Notes				X								X								X							

Schedule III – Continuation

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Reporting Individual's Name

F. Daniel Miller

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Not Applicable											

Reporting Individual's Name
F. Daniel Miller

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Miller Enterprises of Manatee, Inc.	Loan					X		
	NationsBank	Business Loans			X				

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
	Not Applicable	

Use additional sheets if more space is required.

Reporting Individual's Name
F. Daniel Miller

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 8-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
			Not Applicable				

This page may be copied if more space is required.

Reporting Individual's Name
F. Daniel Miller

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization	
Director	Miller Enterprises of Manatee, Inc.	(not compensated)
Director	Miller Brothers of Manatee, Inc.	(not compensated)
Director	Don Miller Development Corp.	(not compensated)
Director	Miller's Pier Corp.	(not compensated)
Director	Segrist-Miller Corp.	(not compensated)
Director	Manatech Plastics, Inc.	(not compensated)
Director	3 non-profit organizations	resigned upon taking office

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO: 1988 [illegible]

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 PM 1:05

MC (9)

HAND DELIVERED
(Office Use Only)

(Full Name)	GEORGE MILLER
(Mailing Address)	2205 Rayburn HOB
	Washington, DC 20515
Daytime Telephone	202-225-2095
Filer Status	[X] Member of the U.S. House of Representatives — State: California District: 7 — [ ] Officer or Employee — Employing Office:
Report Type	[ ] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [ ]	No [X]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: George Miller	DATE (Month, Day, Year): 5-13-93

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Reporting Individual's Name
GEORGE MILLER

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name

GEORGE MILLER

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	American School Food Service Assoc., Alexandria, VA	Speech	July 21, 1992	$2,000

This page may be copied if more space is required.

Reporting Individual's Name
GEORGE MILLER

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude. Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None."

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
	127 D St., SE, Wash., DC								X					X											X					
S	IRA Money Market Fund, Charles Schwab Co.				X										X							X								
	Stock Fund, S.I.F.E. Trust, Walnut Creek, California (IRA)				X								X									X								
JT	Stock Fund, Putnam Mutual Fund (401k)				X								X									X								
JT (with son)	2002 Greene St., Apt. 412, Columbia, S.C. (Half interest w/son)						X																							
DC	Savings Account: 100 shares of Bank of America				X																									

For additional assets and unearned income, use next page

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SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: GEORGE MILLER

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.																											
DC	Savings Account: 200 shares of Hotel Investors			X																								
DC	Savings Account: 200 shares of Seagate Technology			X																								

Reporting Individual's Name
GEORGE MILLER

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				

Reporting Individual's Name
GEORGE MILLER

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Wright Patman Congressional Federal Credit Union, Wash., DC	personal loan	X						
	Columbia First Federal Savings & Loan Assoc., Wash., DC	mortgage on 127 D St., SE, Wash., DC			X				
	Security Mortgage Co., Columbia, South Carolina	mortgage on 2002 Greene St., Apt. 412, Columbia, S.C.			X				

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
GEORGE MILLER

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
Examples: ABC Corporation	Aug. 8-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
San Diego County Water Authority	Jan. 24	Oakland-San Diego-Oakland	N	Y	None	N
The Urban Institute	Feb. 12-16	S.F.-Ft. Lauderdale-DC (for MC) S.F.-Ft. Lauderdale-S.F. (for spouse)	Y	Y	Spouse	N
Earth Communications Office	June 28	S.F.-Los Angeles-S.F.	N	N	None	N
American School Food Service Assoc.	July 20-21	Islip (Long Is./NY)-Minneapolis-DC	Y	Y	None	N
Danny Thompson Charity Golf Tournament	Aug. 18-23	S.F.-Sun Valley-S.F.	Y	N	None	N
Vail Associates, Inc.	Dec.28-Jan.1	S.F.-Denver-S.F. (airfare NOT paid by sponsor)	Y	N	Spouse	N

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Reporting Individual's Name
GEORGE MILLER

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1988 86-636A (m)

GEORGE MILLER
7TH DISTRICT, CALIFORNIA
2205 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON DC 20515-0507
(202) 225-2095
DANIEL WEISS
ADMINISTRATIVE ASSISTANT
CHAIRMAN
COMMITTEE ON NATURAL RESOURCES
COMMITTEE ON EDUCATION AND LABOR

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515-0507

DISTRICT OFFICES
387 CIVIC DRIVE #14
PLEASANT HILL CA 94523
(510) 602-1880
MARY LANSING
DISTRICT DIRECTOR
3220 BLUME DR
SUITE 281
RICHMOND CA 94808
(510) 262-6500
1407 TENNESSEE ST
VALLEJO CA 94590
(707) 645-1888
TTY (202) 225-1904

May 27, 1993

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1993 JUN -2 AM 11:25
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

1 ✓
ML

Honorable Donnald K. Anderson
Clerk, U.S. House of Representatives
Office of Records and Registration
1036 Longworth HOB
Washington, DC 20515

Dear Mr. Anderson:

I am writing to amend my 1992 Financial Disclosure Statement.

On page 1, I responded incorrectly to questions 2, 3, 5 and 7. Instead of "no", they should be "yes."

In schedule VII, Fact-finding and Substantial Participation Travel, the last column--Any time not at sponsor's expense--should read "two days" instead of "N" for the fifth entry, "Danny Thompson Charity Golf Tournament."

If you should have any questions, please do not hesitate to contact me.

Sincerely,

George Miller

GEORGE MILLER
Member of Congress.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

1993 MAY 17 PM 4:28

Norman Yoshio Mineta
(Full Name)

2221 Rayburn House Office Building — 202-225-2631
(Mailing Address) — Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 13	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

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(Office Use Only)

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PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes	[X]	No	[ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes	[ ]	No	[X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes	[X]	No	[ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes	[X]	No	[ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes	[X]	No	[ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL — **DATE (Month, Day, Year)** May 17, 1993

Reporting Individual's Name

Norman Yoshio Mineta

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	United Airlines	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name

Norman Yoshio Mineta

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	M.I.S. Club of Southern California	Speech	May 30-31, 1992	$500

This page may be copied if more space is required.

Reporting Individual's Name

Norman Yoshio Mineta

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X							X
	George Wash. Credit Union Accounts				X									X					
	182 Main Street, Dover, Delaware					X							X						
	Union Bank Stock			X								X							
	Southern California Edison Stock		X									X							
	Residence at: 1010 Bennett Way, San Jose, CA							X					X						X
	Residence at: 1564 Peregrino Way, San Jose, CA							X					X						X
	Wright Patman Congressional Federal Credit Union		X											X					
	1/5 interest in improved property at: 545 N. 5th St., San Jose, CA			X															

Block C Income: Category of Amount of Income (X)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000
ABC Corporation Stock			X							
George Wash. Credit Union Accounts					X					
182 Main Street, Dover, Delaware				X						
Union Bank Stock			X							
Southern California Edison Stock		X								
Residence at: 1010 Bennett Way, San Jose, CA							X			
Residence at: 1564 Peregrino Way, San Jose, CA						X				
Wright Patman Congressional Federal Credit Union			X							
1/5 interest in improved property at: 545 N. 5th St., San Jose, CA	X									

For additional assets and unearned income, use next page

Schedule III

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Norman Yoshio Mineta

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Residence at: 755 De La Luz Circle, Perris, CA						X						X												X				

Schedule III—Continuation

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Reporting Individual's Name

Norman Yoshio Mineta

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Residence at:1564 1564 Peregrino Way, San Jose, CA		X		3/23/92						X	
	Residence at: 1010 Bennett Way, San Jose, CA	X			4/15/92					X		

Schedule IV

Reporting Individual's Name
Norman Yoshio Mineta

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Union Bank, San Jose, CA	Mortgage on property at: 1010 Bennett Way, San Jose, CA				X			
	Charles W. Davidson	Loan	X						
S	KeyCorp Mortgage, Inc., Buffalo, NY	Mortgage on property at: 755 De la Luz Circle, Perris, CA			X				

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name

Norman Yoshio Mineta

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	American Electronics Association	1/21/92-1/24/92	San Jose, CA--Austin, TX--San Jose, CA	Y	Y	None	NA
	M.I.S. Club of Southern Calif.	5/30/92-5/31/92	San Francisco, CA--Minneapolis, MN--D.C.	Y	Y	None	NA
	Association of Am. Railroads	6/6/92-6/8/92	D.C.--Jackson Hole, WY--D.C.	Y	Y	Spouse	NA
	American Bus Association	10/6/92-10/8/92	D.C.--San Diego, CA--San Jose, CA	Y	Y	Spouse	NA
	The CEO Institutes	11/8/92-11/10/92	Burbank, CA--San Jose, CA	Y	Y	None	NA
	Am. Society of Civil Engineers/ Am. Public Works Association	11/11/92-11/13/92	San Jose, CA--Los Angeles, CA--San Jose, CA	N	Y	Spouse	See below
	Asian American Architects/ Engineers	11/11/92-11/12/92	Los Angeles, CA	Y	Y	Spouse	See above
	Salomon Brothers	11/18/92-11/19/92	D.C.-New York City--D.C.	Y	Y	None	NA

This page may be copied if more space is required.

Reporting Individual's Name
Norman Yoshio Mineta

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Member	Board of Fellows, Santa Clara University (CA)
Member	Board of Regents, Smithsonian Institutions
Member	National Advisory Board, Cal in the Capital
Member	CA Advisory Committee for an OPEN Society
Member	Honorary Board Member, Variety Studio, Inc. Cassette Program
Member	Advisory Board, Asian American Journalists Association

Continued

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO. 1992 50-636A (m)

Reporting Individual's Name
Norman Yoshio Mineta

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Member	Advisory Board, Triton Museum of Art
Member	Board of Directors, Junior Statesman Foundations
Member	Advisory Board, Japanese American National Museum
Chairman	Board of Review, Metropolitan Washington Airports Aurthority
Member	Board of Directors, Tech Center of Silicon Valley
Member	Board of Directors, Center for Policy Alternatives

Continued

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1988 69-636A (pa)

Reporting Individual's Name

Norman Yoshio Mineta

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Member	Advisory Committee, San Jose (CA) State University Aviation Department
Member	Board of Directors, American Leadership Forum, Silicon Valley Chapter
Member	Board of Regents, Archbishop Mitty High School

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 28.

Date	Parties To	Terms of Agreement

GPO: 1983 80-638A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

(6)

1993 MAY 17 PM 2:36

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC
(Office Use Only)

David Minge
(Full Name)

RR 4 Box 183
(Mailing Address)

Montevideo Mn. 56265
Daytime Telephone (202) 225-2331

Filer Status	[X] Member of the U.S. House of Representatives — State: ____ District: ____	[ ] Officer or Employee	Employing Office: ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date: ____

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL David Minge

DATE (Month, Day, Year) May 15, 1993

Reporting Individual's Name
David Minge

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Nelson, Oyen, Torvik, Minge, + Gilbertson	law ptrship income	$ 40,554
	Chippewa County	asst. co atty salary	$ 7598
	Hoffman + Briobst	spouse salary	n/a
	Independent School Dist. 129, Montevideo, Mn.	School Board per diem	$ 450

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
David Minge

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)										Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X							X
	George Wash. Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X							X									X						
JT	105 acres of land - Montevideo, Mn					X							X					Also ESP payment from USDA					X						Purchased Dec 1972 Jan 1973
JT	home - Montevideo, Mn					X							X								X								
	TMGN real estate partnership. Owns law office buildings in Montevideo & Clarkfield, Mn				X								X										X					
	Puerto Rico bond	X										X								X								Matured July 1982
	Nelson, Dyer, Torvik, Minge & Gilbertson - law practice partnership				X													partnership earned income	X									

Page 8 of 10

Schedule III

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: David Minge

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S	IRA - Appleton Prairie State Bk			X										X							n/a								
	IRA - Maynard - Citizens State Bk			X										X							n/a								
	IRA - Mutual Savings - Shamrock Bk			X											X						n/a								
	Edward D Jones			X										X								X							
JT	Montevideo Co op Credit Union		X											X						X									
JT	Minnwest Bank, Montevideo			X										X						X									
JT	Montevideo Ind. Dev Corp.		X											X						X									
JT	Mountain lot - Laramie Wy			X															X										
	Prudential annuities			X																	n/a								
	PEPCO					X															n/a								
	TIAA - CREF				X																n/a								
	PERA, State of MN			X																	n/a								
	Lincoln Nat'l Life			X																	n/a								
	Northern Life			X																	n/a								

Reporting Individual's Name
David Minge

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Minnwest Bank Montevideo	Mortgage on farmland		X					
	First Nat'l Bank - Montevideo	Guarantee of business loan		X					
JT	First Nat'l Bank - Montevideo	Mortgage on house	X						

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
	n/a	

Use additional sheets if more space is required.

Reporting Individual's Name
David Minge

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

Positions	Name of Organization
Board member	Montevideo School Board
Board member	Montevideo Chamber of Commerce
Board member	Montevideo Community Development Council

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1/1/93	Nelson, Oyen & Torvik, law partnership & individual partners: Stephen Torvik, David Gilbertson, Janice Nelson & Kevin Stroup	Buyout of interest in law practice over seven years
1/1/93	Stephen Torvik, David Gilbertson, Janice Nelson & Kevin Stroup	Buyout of interest in real estate partnership (TMGN) that owned law offices over seven years

GPO: 1988 89-334A (94)

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992	FORM A For use by Members, officers, and employees

Patsy T. Mink
(Full Name)

2135 Rayburn House office Building 202-225-4906
(Mailing Address) Daytime Telephone

Washington DC 20515.

Filer Status	[X] Member of the U.S. House of Representatives	State Hawaii District 2nd	[ ] Officer or Employee	Employing Office.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

HAND DELIVERED

mc (Office Use Only)

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Patsy T. Mink	May 17, 1993

2390

Reporting Individual's Name
Patsy T. Mink

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	John F. Mink; Spouse Self income earned	spouse: self employed income	NA
	John F. Mink; Mink & Yuen, Partnership	spouse: professional services	NA
	George A.L. Yuen & Associates; Partnership	spouse: consultant services	NA
	Patsy T. Mink's State of Hawaii Retirement System	State/County retirement Pension	$8975.88

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Patsy T. Mink

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	None			

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Schedule II

Reporting Individual's Name
Patsy T. Mink

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)									BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X					
			182 Main Street, Dover, Delaware					X						X									X						
JT	Alexander + Baldwin Inc						X						X										X						
JT	State of Hawaii Airport Bond					X									X									X					
JT	Keystone America Income Fund 129-105983-000					X							X		X								■	X					
	Dean Witter Tax Exempt Securities				X										X							X							
S	Bank of Hawaii KEOGH 907-20506-6							X					no Income							X									
	Bank of Hawaii IRA				X								no Income							X									

For additional assets and unearned income, use next page

Schedule III

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Patsy T. Mink

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) — None	A: Less than $1,001	B: $1,001 - $15,000	C: $15,001 - $50,000	D: $50,001 - $100,000	E: $100,001 - $250,000	F: $250,001 - $500,000	G: $500,001 - $1,000,000	H: over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — None	I: Less than $201	II: $201 - $1,000	III: $1,001 - $2,500	IV: $2,501 - $5,000	V: $5,001 - $15,000	VI: $15,001 - $50,000	VII: $50,001 - $100,000	VIII: $100,001 - $1,000,000	IX: over $1,000,000	BLOCK D Transaction (X)
S	Honolulu Federal Savings & Loan KEOGH						X					no income							X										
JT	Bank of Hawaii checking 007-314299				X									X							X								
JT	Bank of Hawaii checking 007-340877			X										X							X								
JT	Congressional Credit Union 9620110				X									X							X								
S	Equitable Life Assurance Co 60424485			X										X						X									
S	Equitable Life Assurance Co 13747790			X										X						X									
	Prudential Life Insurance			X								no income							X										
S	Merrill Lynch SEP Retirement				X							no income							X										
S	Dean Witter IRA				X							no income							X										
JT	Central Pacific Bank Savings 575245290	X												X						X									
	Honolulu Fed Bank IRA 2-11205			X								no income							X										
JT	Bank of Hawaii Certificate			X										X							X								
	Loans by Patsy Mink to Patsy T. Mink Campaign Comm						X					no income							X										
S	Mink & Yuen Inc.			X								office equipment, bank accounts, acct's receivable																	
S	George A.L. Yuen & Asso.	X										office equipment, bank accounts, acct's receivable																	
S	Dean Witter SEP Retirement			X								no income							X										

Schedule III—Continuation

Reporting Individual's Name
Patty T. Mink

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	None											

Reporting Individual's Name
Patty T. Mink

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	None								

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Reporting Individual's Name
Gary T. Mitt

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	Univ. of California to give lecture at UC (Santa Cruz)	Jan 25, 92	~~travel~~ ~~[illegible]~~ to Santa Cruz, Calif to Wash. DC	N	N	None	N
	American Bar Association Fund for Justice and Education (to accept ABA Award)	Aug 9, 92	Wash DC to SF, Calif to Hi	Y	N	Spouse	Y (one day)
	John Marshall Law School to give graduation speech	June 14, 92	Wash DC to Chicago to DC	N	N	None	N

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Reporting Individual's Name
Patsy T. Mink

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 28.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

Positions	Name of Organization
Vice Pres. (honorary)	Americans of Democratic Action (unpaid position) political organization - non-profit
Director (unpaid)	Hawaii Women Lawyers Foundation, non-profit charitable
President (unpaid)	The Public Reporter 501 (c)(3) Tax exempt non-profit corp.

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 28.

Date	Parties To	Terms of Agreement
Jan 1987	State of Hawaii Retirement System (former employer)	Retirement and Health benefits

GPO 1993 50-535A (m)

2398

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 13 PM 2:28
CLERK
U.S. HOUSE OF REPRESENTATIVES

(5)

HAND DELIVERED
(Office Use Only)

John Joseph Moakley
(Full Name)

235 Cannon House Office
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: 202/225-9091

Filer Status	[X] Member of the U.S. House of Representatives	State: MA District: 9th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL: John Joseph Moakley

DATE (Month, Day, Year): May 13, 1993

Reporting Individual's Name
John Joseph Moakley

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Commonwealth of Massachusetts	Legislative Pension	$6,543.
	U. S. Veterans Administration	Disability	$996.

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

2400

Reporting Individual's Name
John Joseph Hoakley

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	Campbell-Raupe, Inc., Wash., D.C.	Speech	Dec. 14, 1992	$1,000

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Reporting Individual's Name
John Joseph Moakley

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X										X					
	182 Main Street, Dover, Delaware					X							X									X							
JT	South Boston Savings Bank Accounts			X										X							X								
S	South Boston Savings Bank Accounts				X									X							X								
JT	Cong. Fed. Credit Union Sh Accts.			X										X							X								
JT	Metropolitan Life Ins., Warwick, RI			X										X							X								
JT	John Hancock Mutual, Boston, MA			X										X							X								
JT	Bankers Nat'l Life, DeMoines, IOWA			X										X							X								

For additional assets and unearned income, use next page

2402

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John Joseph Moakley

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
JT	Boston Company Fund, Boston, MA	X										X								X								
JT	Century Shares Trust, Boston, MA	X													X					X								

Schedule III – Continuation

2403

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED (5)
1993 MAY 17 PM 12: 29
OFFICE OF ... U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

SUSAN MOLINARI
(Full Name)

460 CLAWSON STREET
(Mailing Address)

STATEN ISLAND, NEW YORK 10306
Daytime Telephone: (718)987-8400

Filer Status	[X] Member of the U.S. House of Representatives	State: N.Y. District: 13	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [X]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Susan Molinari	May 14, 1993

Reporting Individual's Name
SUSAN MOLINARI

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	Grocery Mfgr's of America	Speech	June 15,1992	$1,000.00

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Reporting Individual's Name

Susan Molinari

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X									X
			George Wash. Credit Union Accounts				X								X									X							
			182 Main Street, Dover, Delaware					X						X									X								
	Citibank N.A.					X															X										
	Congressional Federal Credit					X															X										

For additional assets and unearned income, use next page

Schedule III

2406

Reporting Individual's Name
Susan Molinari

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 8–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Off the Record (T.V.Show)	1/17/92	Newark N.J. to Wash D.C.	N	N	None	N
	Bush/Quayle 92	2/14/92	Round Trip Newark N.J.-Manchester NH	N.	N	None	N
	Clarkstown Republican Org.	4/04/92	S.I. to New City New York to S.I.	N	N	None	N
	Face the Nation T.V. Show	4/05/92	Wash D.C./ Newark N.J.	N	N	None	N
	Bush/Quayle 92	5/02-5/3/92	Newark N.J./Orlando Fla/ Newark N.J.	Y	Y	None	N
	Orleans County Republican Org.	5/15/92	Newark N.J./Buffalo N.Y./ Newark N.J.	N	Y	None	N
	Nestle Corp.	6/14-15/92	Newark N.J./Greebriar W.V./ Newark N.J.	Y	Y	None	N
	Aspen Institute	12/11-13/92	Wash D.C./L.A.,C.A./Wash D.C.	Y	Y	None	N

This page may be copied if more space is required.

Reporting Individual's Name
Susan Molinari

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Board Member	March of Dimes
Board Member	Richmond Hoppice
Board Member	Adelphi Academy

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1992 89-426A (ps)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

(5)

1993 MAY 17 AM 11: 34

HAND DELIVERED
(Office Use Only)

Alan B. Mollohan
(Full Name)

727 Mount Vernon Avenue
(Mailing Address)

Daytime Telephone:

Fairmont, WV 26554

Filer Status	[X] Member of the U.S. House of Representatives	State: WV District: 1st	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Alan B. Mollohan

DATE (Month, Day, Year): May 14, 1993

2409

Reporting Individual's Name
Alan B. Mollohan

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. (S, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X							X
	Examples: George Wash. Credit Union Accounts				X									X					
	Examples: 162 Main Street, Dover, Delaware					X							X						
	CB&T Financial Corp.			X								X							
S	Rochester & Pittsburgh Coal		X									X							
S	Fairmont Waterworks Bonds	X												X					X
S	West Virginia School Board Authority Bonds	X												X					X
S	Inter Mountain Power Agency Bonds	X												X					X
S	West Virginia Water Development Bonds	X												X					X

	BLOCK C Income: Category of Amount of Income (X)									
	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000
ABC Corporation Stock			X							
George Wash. Credit Union Accounts					X					
162 Main Street, Dover, Delaware				X						
CB&T Financial Corp.		X								
Rochester & Pittsburgh Coal		X								
Fairmont Waterworks Bonds			X							
West Virginia School Board Authority Bonds				X						
Inter Mountain Power Agency Bonds		X								
West Virginia Water Development Bonds			X							

For additional assets and unearned income, use next page

Schedule III

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: Alan B. Mollohan

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	West Virginia State Hospital Finance Bonds	X												X				X										X
S	City of Fairmont, WV Sewer Rev. Bonds			X										X						X								
S	Kanawha County, WV Building Commission Bonds			X										X						X								
S	Ins. Hospital Revenue Bonds			X										X					X									
S	West Virginia Hospital Finance Authority Bonds				X									X							X							
JT	Congressional Fed. Credit Union		X											X					X									
	Congressional Federal Credit Union		X											X					X									
DC	United National Bank, Glenville, WV			X										X					X									
S	First National Bank in Fairmont			X										X					X									
S	Paine Webber Money Fund		X									X							X									
S	1/5 int. coal, oil & gas 6.5 ac. Linn Lick, Center Dist. Gilmer Co.		X														Royalty	X										
S	1/5 int coal, oil&gas 27 ac. Linn Lick, Center Dist., Gilmer Co, WV		X														Royalty			X								
S	3.336 int. oil&gas 35 ac. Bull Fork, DeKalb Dist. Gilmer Co, WV			X													Royalty		X									
S	5/32 int oil&gas 242 ac. NS Kanawha, Glenville Dist. Gilmer Co.				X												Royalty				X							

Schedule III—Continuation

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Alan B. Mollohan

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Putnam Global Growth Fund E.F. Hutton - Ind. Retire. Acct.	X																N/A											
	Putnam Global Growth Fund E.F. Hutton-Ind. Retire. Acct.	X																N/A											
	American Bar Association* Retirement Plan	X																N/A											
	*ABA Master Keogh Profit Sharing Plan Growth Equity SA 100	X																N/A											
	Money Market Guarantee	X																N/A											
	Aggressive Equity SA 150	X																N/A											
	Balanced Fund SA 170	X																N/A											
S	Paine Webber Retire. Money Fund (IRA Transfer from Putnam Global Growth)			X														N/A											
	Paine Webber Retire. Money Fund (IRA Transfer from Putnam Growth and Rollover from American Bar Assoc. Ret. Plan)					X												N/A											

Reporting Individual's Name
Alan B. Mollohan

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 30.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
S	Fairmont Waterworks Bonds		X		09-01-92	X						
S	Inter Mountain Power Agency Bonds		X		03-27-92	X						
S	West Virginia Water Development Bonds		X		09-01-92	X						
S	West Virginia State Hospital Finance Bonds		X		03-26-92		X					
S	West Virginia School Board Authority Bonds		X		09-01-92		X					

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 17 PM 2:45

(12)

HAND DELIVERED

MC
(Office Use Only)

Congressman Gillespie V. Montgomery
(Full Name)

2184 Rayburn Building
(Mailing Address)

Washington, D. C. 20515

Daytime Telephone: (202) 225-5031

Filer Status	[X] Member of the U.S. House of Representatives	State: Mississippi District: 3rd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Gillespie V. Montgomery

DATE (Month, Day, Year) May 17th 1993

2414

Reporting Individual's Name
Congressman
Gillespie V. Montgomery

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Mississippi National Guard (not subject to outside earned income limit)	Retirement	$19,188.00

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Congressman
Gillespie V. Montgomery

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	NONE			

This page may be copied if more space is required.

Schedule II

Reporting Individual's Name
Congressman
Gillespie V. Montgomery

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: B ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	Wright Patman Congressional Federal Credit Union						X							X									X						
	Trustmark National Bank Jackson, Mississippi			X										X							X								
	Home Federal Savings & Loan Meridian, Mississippi				X									X								X							
	Home Federal Savings & Loan stock			X								X										X							
	Eastover Bank Savings, Jackson, Mississippi			X										X							X								
	Eastover Bank stock		X										N	one						X									

For additional assets and unearned income, use next page

Schedule III

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Congressman
Gillespie V. Montgomery

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Nuveen Bonds			X										X							X								
Simpson County, Mississippi Bonds			X										X						X									X
Lowndes County, Ms. Bonds			X										X								X							
Mississippi Highway Bonds			X										X							X								
Laurel, Mississippi Bonds			X										X							X								
Meridian Mississippi F.G. Riley Hospital Bonds				X									X								X							
Meridian Municipal Separate School District Bonds			X										X								X							
Merrill Lynch Investments Jackson, Ms.				X							X		X							X								
Grenada Sunburst Systems Grenada, Ms.			X								X									X								
Oil Interest & Timberland Clarke Co., Ms. (40 acres)				X								None						X										
First Trust Advantage Series Mississippi			X										X							X								
Indianola Income Property, Inc. 1 Unit Commercial Rental Property Indianola, Ms.				X													Partnership cash distribution					X						
Indianola Income Property, II L.P. 1 Unit Commercial Leasing Property Indianola, Ms.			X														"				X							
Cattle					X												Sale						X					X
Meridian Duplex, 3904 Country Club Drive, Meridian, Ms.						X						X									X							

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Congressman Gillespie V. Montgomery

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Parkside, 10508 Montrose Avenue #104, Bethesda, Md.				X								X											X					
The Court (½ Interest) 212 Justice Court, N.W., Washington, DC					X							X											X					
Deposit Guaranty Bank, Jackson, Ms.			X										X							X								
Mississippi General Obligation Port Bonds		X											X							X								
Sanderson Farms stock Laurel, Ms.		X									X								X									
The Blackrock) Target Term Trust Stock, New York (formerly Blackstone)		X									X									X								
Carlyle Real Estate Limited Partnership XIV, Chicago, Ill.		X											X						X									
Sterne Agee & Leach CEF Government Fund, Birmingham, Alabama			X								X									X								
Timberland (38 acres) Neshoba County, Ms.			X									None						X										
Timberland (½ interest-775 acres) Attala County, Ms.					X						X						(use of land-Hunting)			X								
Timberland (½ interest-122 acres) Lauderdale Co., Ms.				X								None						X										
Timberland (80 acres) Webster County, Ms.				X								None						X										X
Timberland (40 acres) Calhoun County, Ms.		X										None						X										
Irvine Sensors Stock		X										None						X										X
Diplomat (1 unit limited Partnership Residential Rental Property, Hinds County, Ms.			X										X						X									

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Congressman Gillespie V. Montgomery

BLOCK A Asset and/or Income Source	B. DC, JT	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.																													
Bancorp of Mississippi stock				X								X								X									
Mobile National Corp Stock (Alabama)			X										None								X								X
Torchmark Corp. Stock				X								X							X										
Meridian, Mississippi School General Obligation Bonds				X										X								X							
Big "B" Inc. Stock				X								X								X									
Delta Income Property, L.P. (2 units Leasing Warehouse, Indianola, Ms.					X										Partnership cash distribution								X						
120 N. Congress, L.P. (1 unit commercial rentals & leasing property Jackson, Ms.					X													"			X								
Crusade Partners, L.P. (1 unit Leasing of Hotel, Panama Beach Florida					X													"				X							
B B & T Financial Corp. stock				X								X								X									
Citizens Nat'l Bank stock Meridian, Ms.			X									X								X									
Mississippi State General Obligation Bonds				X										X					X										X
Lakeshore Partners, L.P. (1 unit Apartment Complex, Jackson, Ms.					X										Partnership cash distribution						X								
Bruno's Inc. Stock				X								X								X									X
National Bank of Commerce				X								X									X								
Glaxo Holdings Stock				X								X							X										X

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Congressman
Gillespie V. Montgomery

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)										
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Mobile Telecommunications Tech Corp. Stock			X								X							X										X
	MFS Mississippi Municipal Bond Fund			X										X						X									X
	The Equitable Companies Inc Stock		X											None					X										X
	Mississippi Hospital Equipment Facilities Auth. Bond			X										X					X										X

Schedule III—Continuation

Reporting Individual's Name
Congressman
Gillespie V. Montgomery

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Simpson County Mississippi Bond		X		3-1-92	X						
	Cattle		X		(4 times) 2-24-92 - 11-15-92	X						
	Timberland (80 acres) Webster County, Mississippi		X		4-13-92			X				
	Irvine Sensors Common Stock	X			5-22-92 7-13-92	X						
	Mobile National Corp. Stock (Alabama)		X		11-25-92	less than $1,000						
	Mississippi State General Obligation Bond		X		1-1-92	X						
	Bruno's Inc. Stock		X		11-25-92	X						
	Glaxo Holdings Stock	X			5-12-92	X						
	Mobile Telecommuncations Tech Corp Stock	X			3-9-92 5-12-92	X						
	MFS Mississippi Municipal Bond Fund	X			10-1-92	X						
	The Equitable Companies, Inc.	X			10-1-92	X						
	Mississippi Hospital Equipment & Facilities Auth. Bond	X			6-4-92	X						

Reporting Individual's Name
Congressman
Gillespie V. Montgomery

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Delta Income Property, L.P. P.O. Box 22655, Jackson, Ms.	Limited Partnership Business Loan		X					
	120 N Congress, L.P. P. O. Box 22655, Jackson, Ms.	"	X						
	Crusade Partners, L.P. P. O. Box 22655, Jackson, Ms.	"	X						
	Lakeshore Partners, L.P. P. O. Box 22655, Jackson, Ms.	"		X					

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Reporting Individual's Name
Congressman
Gillespie V. Montgomery

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	American Legion (Speech)	August 25	(Air Travel) Wash.,D.C.-Chicago-Wash.,D.C.	N	N	None	None

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Reporting Individual's Name
Congressman Gillespie V. Montgomery

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Trustee	Barry M. Goldwater Scholarship & Excellence in Education Foundation Washington, D. C.

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO: 1988 [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

1993 MAY 17 AM 9:23

CARLOS J. MOORHEAD
(Full Name)

2346 RAYBURN HOUSE OFFICE BUILDING, WASHINGTON, D.C. 20515/202/225-4176
(Mailing Address) Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: CALIFORNIA District: 22d	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

HAND DELIVERED
mc
(Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Carlos J. Moorhead

DATE (Month, Day, Year): 13 May 93

Reporting Individual's Name

CARLOS J. MOORHEAD

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	CALIFORNIA STATE LEGISLATURE RETIREMENT	PENSION	$2,655.99
	DEPARTMENT OF DEFENSE MILITARY	PENSION	$8,070.48

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

CARLOS J. MOORHEAD

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	NATIONAL ASSOCIATION OF BROADCASTERS	SPEECH	APR. 13, 1992	$1,500
	NATIONAL CABLE TV ASSOCIATION	SPEECH	MAY 3, 1992	1,500
	WINE INSTITUTE	SPEECH	JUN. 3, 1992	1,000
	GROCERY MANUFACTURERS OF AMERICA	SPEECH	JUL.21, 1992	1,000
	NATIONAL INDEPENDENT ENERGY PRODUCERS	SPEECH	JUL.29, 11992	1,000

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Reporting Individual's Name

CARLOS J. MOORHEAD

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X									X
		George Wash. Credit Union Accounts				X									X									X							
		182 Main Street, Dover, Delaware					X							X									X								
	CONGRESSIONAL FEDERAL CREDIT UN.				X										X							X									
	FIDELITY FEDERAL BANK							X							X									X							
	GLENDALE FEDERAL BANK							X							X									X							
	CRESTAR BANK, McLEAN, VA				X										X						X										
	FIRST VIRGINIA BANK				X										X						X										
	HOUSEHOLD BANK			X											X					X											

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: CARLOS J. MOORHEAD

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset – Year End Value (X): None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income – Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	SOUTHWEST GAS, COMMON STOCK			X								X								X									
	SALOMON INVESTMENT FUNDS			X								X										X							
	AMERICAN FUNDS (ICA) MUTUAL FUND			X								X									X								
	KEYSTONE S-3			X								X									X								
	WELLS FARGO BANK				X														X										
	DEAN WITTER - IRA			X								X		X							X								
	DEAN WITTER - KEOGH											X		X								X							
	43941 Afton Terrace TOWNHOUSE-Ashburn, VA					X							X											X					
	43943 Afton TErrace TOWNHOUSE-Ashburn, VA					X							X											X					
	* VANDEVENTER & HOCH						X					X										X							
	* WAKEFIELD & ASSETS REAL EST.				X																X								
	FRYING PAN ROAD LOTS 115-116, BORREGO, CA			X															X										

*SEE ATTACHED INFORMATION

Reporting Individual's Name
CARLOS J. MOORHEAD

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	NATIONAL ASSN OF BROADCASTERS	APR.10-13	Burbank-LasVegas-Burbank	Y	Y	Spouse	N
	NATIONAL TV CABLE ASSN.	MAY 1-4	WDC-DALLAS-WDC	Y	Y	Spouse	N
	AMERICAN MEDICAL ASSN.	Jan. 30-Feb. 2	WDC-FT.LAUDERDALE-WDC	Y	Y	Spouse	N
	WINE INSTITUTE	MAY 5	LIMO FROM OFFICE TO WASHINGTON COURT HOTEL AND RETURN		Y	N	N

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WAKEFIELD & ASSOCIATES GROUP XI

14 MEMBERS

DECEMBER 31, 1992

	ASSETS	LIABILITIES
CASH IN BANK		
Checking	$ 1,927.68	
Savings	3,358.93	
ACCOUNTS RECEIVABLE	2,471.33	
NOTES RECEIVABLE	1,488.18	
BOYLES PROPERTY - 55 acres, Pend Oreille County		
Cost - $17,533.00 Timber is cut - Estimated market value of land	20,000.00	
HADDAD/VAN MATRE PROPERTY - 20 acres, Heutmaker Property - Sold		
Note & Trust-Deed Receivable - Whitt - $150.00 monthly inc. 9% interest	8,879.88	
ASSETS	$ 38,126.00	
LIABILITIES		-0-
NET WORTH		$ 38,126.00

1/14 of Net Worth: $ 2,723.29

WILSON INVESTMENT GROUP XXXV — 18 MEMBERS — DECEMBER 31, 1992

	ASSETS	LIABILITIES
CASH IN BANK — Checking Account	$ 10,502.61	
Savings (Money Market Account)	54,995.23	
PETTY CASH — Apartments - E 17018 Sprague	50.00	
ACCOUNTS RECEIVABLE	23.98	
NOTES RECEIVABLE	8,900.00	
PROPERTIES OWNED		
12-16-18 N UNIVERSITY - Commercial Property		
Estimated Market Value	395,000.00	
Cost - $347,614.90 Scheduled monthly income - $4,650.00		
Contract Payable - Cady - $700.00 monthly including 8% interest		$ 1,474.49
Mortgage Payable - Barnyak - $2,150.00 monthly including 11% interest		62,267.63
235-239 W MAIN - Commercial Property		
Estimated Market Value	160,000.00	
Cost - $128,641.72		
Mortgage Payable - Caputo - $1,000.00 monthly including 10% interest		58,362.17
17018 E SPRAGUE - 9 Unit Apartment		
Estimated Market Value	125,000.00	
Cost - $111,157.44 Scheduled monthly income - $2,720.00		
Mortgage Payable - Temple - $450.00 monthly including 10% interest		8,612.13
BLANCHARD CREEK ROAD ACREAGE - Sold		
Contract Receivable - Statton - $400.00 monthly including 10% interest	35,712.86	
OREGON ROAD ACREAGE - 80 acres purchased - 40 acres with buildings sold		
Estimated Market Value of 40 remaining acres	50,000.00	
Cost - $ 18,015.15		
Contract Receivable - Jacobsen - $530.00 monthly including 9% interest	61,683.46	
Contract Payable - McCoy - $530.00 monthly including 9% interest		59,321.77
MISCELLANEOUS FURNITURE - Rentals	1,377.20	
ACCRUED TAXES PAYABLE - Industrial Insurance & Unemployment Taxes - Sprague		5.16
ASSETS	$903,245.34	
LIABILITIES		$190,043.35
NET WORTH		713,201.99
TOTAL LIABILITIES & NET WORTH		$903,245.34

NOTE: Values of the various properties are estimated market values without adjustment for depreciation taken in this and prior years.

7.220% of Net Worth - $51,493.18

2433

VAN DEVENTER & HOCH

VH

Portfolio Holdings

Security Description	% of Portfolio	Purchase Date	Quantity	Cost Per Share	Cost Basis	Market Price Per Share	Market Value	Unrealized Gain/Loss	Annual Income	Annual Yield Cost	Annual Yield Market
Common Stock											
Aluminum Co of America	3.22	12/12/91	50	57.93	2896	71.63	3581	685	80	2.8	2.2
American Express Co.	2.23	09/13/91	100	26.10	2610	24.88	2488	123-	100	3.8	4.0
Atlantic Richfield Co.	2.06	09/13/91	20	118.00	2360	114.75	2295	65-	110	4.7	4.8
Borden Inc	2.06	09/11/91	80	33.60	2688	28.63	2290	398-	96	3.6	4.2
Burlington Resources	2.52	09/13/91	70	34.82	2437	40.00	2800	363	35	1.4	1.3
Caterpillar Inc.	2.89	09/13/91	60	46.33	2780	53.63	3218	438	36	1.3	1.1
Deere & Co	3.14	11/23/92	80	37.66	3013	43.75	3500	487	160	5.3	4.6
Dole Food Company	2.89	06/05/92	100	30.18	3018	32.13	3213	195	40	1.3	1.2
El Paso Natural Gas	.45	09/13/91	16	23.60	378	31.00	496	118	16	4.2	3.2
El Paso Natural Gas	2.23	07/23/92	80	25.98	2078	31.00	2480	402	80	3.8	3.2
Great Western Financial	3.14	12/12/91	200	15.20	3040	17.50	3500	460	184	6.1	5.3
James River Corp of Virginia	2.49	07/29/92	150	21.23	3185	18.50	2775	410-	90	2.8	3.2
Loral Corporation	4.13	03/11/92	100	33.93	3393	46.00	4600	1208	100	2.9	2.2
Monsanto Co.	2.59	07/24/92	50	54.75	2738	57.63	2881	144	112	4.1	3.9
Outboard Marine Corp	3.42	09/18/92	175	16.87	2952	21.75	3806	854	70	2.4	1.8
Raytheon Co	2.76	10/04/91	60	38.45	2307	51.25	3075	768	78	3.4	2.5
Snap-On Tools Corporation	2.82	11/19/91	100	30.42	3042	31.38	3138	95	108	3.5	3.4
Union Carbide Corp	2.99	09/25/92	200	13.48	2695	16.63	3325	630	150	5.6	4.5
Group Totals	48.02				47608		53460	5851	1645	3.5	3.1
Convertible Preferred Stock											
Delta Air Lines $3.50 CV Pfd Series C	2.85	12/15/92	60	50.89	3054	52.88	3173	119	210	6.9	6.6
Group Totals	2.85				3054		3173	119	210	6.9	6.6
U.S. Government Bonds											
U.S. Treasury Note 6.125% 09-30-1993	4.58	09/30/91	5000	100.68	5034	101.88	5094	60	306	6.1	6.0

2434

VH

VAN DEVENTER & HOCH

Portfolio Holdings

Security Description	% of Portfolio	Purchase Date	Quantity	Cost Per Share	Cost Basis	Market Price Per Share	Market Value	Unrealized Gain/Loss	Annual Income	Annual Yield Cost	Annual Yield Market
U.S. Treasury Note 5.75% 03-31-1994	4.59	04/01/92	5000	100.82	5041	102.19	5109	68	288	5.7	5.6
U.S. Treasury Note 5.50% 02-15-1995	4.57	02/27/92	5000	99.59	4979	101.72	5086	107	275	5.5	5.4
U.S. Treasury Note 7.00% 09-30-1996	4.70	09/30/91	5000	100.79	5040	104.69	5234	195	350	6.9	6.7
U.S. Treasury Note 6.50% 11-30-1996	4.62	12/09/91	5000	101.59	5079	102.88	5144	64	325	6.4	6.3
Group Totals	23.05				25173		25667	494	1544	6.1	6.0
Cash Equivalents											
Horizon Prime Fund	25.66		28565F	100.00	28565	100.00	28565	0	968	3.4	3.4
Group Totals	25.66				28565		28565	0	968	3.4	3.4
Total Securities	99.58				104401		110865	6464	4367	4.2	3.9
Cash Balance	.00				1		1				
Items Earned But Not Received											
Accrued Dividends	.09						95				
Accrued Interest	33						369				
Portfolio Totals					104402		111330				

CARLOS J. MOORHEAD
27TH DISTRICT, CALIFORNIA

ROOM 2346
RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-0527
(202) 225-4176

ROOM 304
420 NORTH BRAND BOULEVARD
GLENDALE, CA 91203-2348
(818) 247-8445

ROOM 618
301 EAST COLORADO BOULEVARD
PASADENA, CA 91101-1911
(818) 792-8168

INSIDE MAIL

Congress of the United States
House of Representatives
Washington, DC 20515-0527

COMMITTEES
ENERGY AND COMMERCE
RANKING REPUBLICAN
JUDICIARY
SUBCOMMITTEE ON INTELLECTUAL PROPERTY AND JUDICIAL ADMINISTRATION
SUBCOMMITTEE ON ECONOMIC AND COMMERCIAL LAW

July 9, 1993

1 ✓
MC

1993 JUL 13 AM 9 00
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

The Honorable Donnald K. Anderson
Clerk
U. S. House of Representatives
H-105 CAPITOL BUILDING
Washington,, D. C. 20515

Dear Mr. Anderson:

We have just discovered that when my Financial Disclosure statement for 1992 was filed on May 17 of this year, one trip was omitted because of an oversight. The following information should be added to my Schedule VII:

Source: Chinese National Association of Industry and Commerce

Dates: January 6 - 12, 1992

Point of Departure-Destination-Point of Return:
Washington, D. C. - Taipei, Taiwan - Washington, D. C.

Lodging: Yes

Food: Yes

Which Family Member included? Spouse

Any time not at sponsor's expense: N

Sincerely,

Carlos J. Moorhead

CARLOS J. MOORHEAD
Member of Congress

CJM:d

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 17 AM 11:58
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(5)

JAMES P. MORAN, JR.
(Full Name)

205 West Uhler Terrace, Alexandria, Virginia 22301 703-683-1020
(Mailing Address) Daytime Telephone

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State: Virginia District: 8th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

mc (Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: James P. Moran

DATE (Month, Day, Year): 5/17/93

2437

Reporting Individual's Name
James P. Moran, Jr.

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
XYZ Magazine	Article	Aug. 13, 1992	$500
Ocean Spray Cranberry, Inc.	Speech	July 9, 1992	$500
Brookings Institution, Washington, D.C.	Speech	Aug. 17, 1992	$400

This page may be copied if more space is required.

Reporting Individual's Name

James P. Moran, Jr.

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X								X							
	182 Main Street, Dover, Delaware					X							X									X							
	100 shares, McDonald's Inc.			X								X								X									
	100 shares, IBM			X								X								X									X

For additional assets and unearned income, use next page

Reporting Individual's Name: James P. Moran, Jr.

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	100 shares IBM	X			12-15-92	X						

Reporting Individual's Name: James P. Moran, Jr.

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Wright Patman Congressional FCU	Line of Credit	X						

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 14 AM 11: 13

Constance A. Morella
(Full Name)

223 Cannon Building
(Mailing Address)

202-225-5341
Daytime Telephone

Washington, D.C. 20515

MC (8)

HAND DELIVERED
(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives — State Maryland District 8	☐ Officer or Employee	Employing Office.
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes ☑	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes ☐	No ☑
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes ☐	No ☑	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes ☑	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes ☑	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes ☑	No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes ☑	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes ☐	No ☑	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes ☐	No ☑
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Constance A. Morella

DATE (Month, Day, Year) May 14, 1993

2442

Reporting Individual's Name
Constance A. Morella

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	The American University, Washington, D.C.	Spouse Salary	NA
	Hewes, Morella, Gelband & Lamberton, P.C., Washington, D.C.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Constance A. Morella

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
			Bristol-Myers Squibb Co.			X							X									X								X
			COMSAT			X							X								X									
			GIANT			X							X									X								X
			MCDERMOTT INTL			X							X									X								X
			J.P. MORGAN & Co			X							X									X								X
			PFIZER, INC.			X							X								X									X

For additional assets and unearned income, use next page

Schedule III

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SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Constance A. Morella

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
	USX - Marathon Group			X								X									X								X
	Schwab Money Funds				X									X								X							
S	Columbia Gas			X								X								X									X
S	Eastman Kodak			X								X								X									X
S	Occidental Petrol			X								X								X									X
S	Schwab Money Funds			X										X							X								
JT	Van Kampen Merit			X										X							X								
	MD Nat'l Bank: IRA				X									X				NA											
S	MD Nat'l Bank: IRA				X									X				NA											
	MD State Deferred Comp				X									X				NA											
	Wright-Patman Credit Union			X										X							X								
JT	Citizens Bank of MD			X										X							X								
JT	Bank of Baltimore, MD			X										X							X								
S	TIAA-CREF								X					X				NA											
JT	U.S. Savings Bonds			X										X				NA											

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Constance A. Morella

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset – Year End Value (X): A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income – Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	Consumers United Deferred Annuities		X											X				NA											
S	Consumers United Deferred Annuities		X											X				NA											
JT	607 Twinbrook Pkwy., Rockville, MD				X								X							X									
JT	200 Park Terrace Dr., Stoneham, MA			X														NA											
JT	4014 Dogwood Rd, Port Republic, MD					X												NA											
S	Stock: Hewes, Morella, Gelbard & Lambden, P.C.			X								X							X										

Page 5 of 8

Schedule III – Continuation

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Reporting Individual's Name
Constance A. Morella

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Giant Food	X			1-27-92	X						
		X			9-8-92	X						
	Bristol-Myers Squibb Co.	X			6-9-92	X						
	McDermott Int'l	X			6-26-92	X						
	Pfizer	X			2-24-92	X						
	J. P. Morgan	X			2-24-92	X						
	USX-Marathon Group	X			1-13-92	X						
S	Columbia Gas	X			9-8-92	X						
S	Eastman Kodak	X			6-3-92	X						
S	Occidental Petrol.	X			6-26-92	X						

Reporting Individual's Name
Constance A. Morella

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
Examples: ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
Miami Congressional Workshop on Western Hemisphere Issues (participant)	Jan 10-12	economy air round trip Wash, D.C – Miami – Wash, D.C.	Y	Y	Spouse	None
National Italian American Foundation Award Ceremony (recipient)	May 8	economy round trip air Wash, D.C – N.Y.C. – Wash, D.C.	N	N	None	N
Aspen Institute U.S.-Eastern Europe Conference (member/participant)	Aug 23-27	economy round trip air Wash D.C. – Vienna – Wash, D.C. Austria	Y	Y	Spouse	N

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Reporting Individual's Name
Constance A. Morella

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Trustee	Capitol College, Laurel, MD

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement

GPO. 1982 50-535A (m)

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(Office Use Only)

2450

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

Austin J. Murphy
(Full Name)

2210 Rayburn Bldg.
Washington D.C. 20515
(Mailing Address)

202 225 4665
Daytime Telephone

Filer Status	[X] Member of the U.S House of Representatives	State: Penna District: 20	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes [X]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Austin J. Murphy

DATE (Month, Day, Year) May 11 1993

Reporting Individual's Name
AUSTIN J Murphy

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Mon Valley Hospital Rte 88 Monongahela PA 15063	Spouse Wages	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Austin J. Murphy

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
XYZ Magazine	Article	Aug. 13, 1992	$500
American Tobacco Institute	Speech & Panel Discussions	March 2 1992	2,000.00
$1,000.- sent to Centerville Clinic Pa. 15417			
and			
$1,000.- Northwest Washington County			
Health Center Burgettstown Pa			

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Schedule II

Reporting Individual's Name: AUSTIN J Murphy

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)										Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Example:	S	ABC Corporation Stock		X								X									X								X
			George Wash. Credit Union Accounts			X									X									X						
			182 Main Street, Dover, Delaware				X							X									X							
Jt	Community Bank, Carmichaels Pa.				X										X						X	X								
	Mellon Bank, Charleroi Pa				X										X															
Jt	Mon Valley Credit Union Allenport Pa.			X											X						X									
Jt	Allghany Power Corp Stock					X							X										X							
Jt	American Electric Power				X								X										X							
Jt	Bell Atlantic				X								X									X								
Jt	Bell South				X								X									X								

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: AUSTIN J. Murphy

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	
Jt	So. West Bell NYNEX Stock		X									X X							X X								
Jt	Pacific Telesis U.S West Stock		X X									X X							X X								
Jt	Commonwealth Edison		X									X									X						
Jt	Philadelphia Electric		X									X									X						
Jt	Residence 631 Speers Ave Speers Pa. Evans													X	X						X						Sale Agreement
Jt	Penna State Bonds		X											X					X								
Jt	Philadelphia School Bonds		X											X					X								
Jt	Lancaster Pa Bond		X											X					X								
Jt	Insured Municipal Trust Fund		X											X					X								
Jt	1st Federal S&L Mongahela			X										X							X						Wifes IRA
Jt	Prudential Insurance		X											X					X								IRA
Jt	Congressional Credit Union		X											X					X								IRA
Jt	Commonwealth of Pa		X														Pension from Assembly					X					
Jt	Van Kampen Mutual Fund		X											X					X								
Jt	VA Insurance		X											X					X								

Reporting Individual's Name: Austin J Murphy

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
It.	Penna Municipal Trust Mutual Fund		X		4-15-92	X						
It	" " Fund #31				8-15-92	X						

Reporting Individual's Name

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name: Austin J Murphy

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	United States Tobacco Institute	1993 Jan 16 – 19	La Quinta, Calif.	Y	Y	spouse	N
	AMA	Jan 31 – Feb 1	Palm Beach Fla	Y	Y	spouse	N
	National Council Agriculture	Feb 12 – 14	Orlando, Fla	Y	Y	spouse	N
	American Maritime Officers	Sept 4 – 6	Dania Fla	Y	N	none	2 days
	Irish-America Partnership	Nov 9 – 15	Dublin Ireland	Y	Y	spouse	N

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Reporting Individual's Name
Austin J Murphy

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

Positions	Name of Organization
	NONE

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1982 50-535A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

Austin J. Murphy
(Full Name)

2210 Rayburn Bldg. 202 225 4665
(Mailing Address) Daytime Telephone

Washington D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Penna District: 20	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

(Office Use Only)

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PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [X]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (*See* 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Austin J. Murphy **DATE (Month, Day, Year)** May 11 1993

Reporting Individual's Name
Austin J Murphy

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Mon Valley Hospital Rte 88 Monongahela PA 15063	Spouse wages	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Austin J. Murphy

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
XYZ Magazine	Article	Aug. 13, 1992	$500
American Tobacco Institute	Speech & Panel Discussions	March 2 1992	2,000.00
$1,000.- sent to Centerville Clinic Pa. 15417			
and			
$1,000.- Northwest Washington County			
Health Center Burgettstown Pa			

This page may be copied if more space is required.

Page ___ of ___

Schedule II

Reporting Individual's Name
Austin J Murphy

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year-end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
Jt	Community Bank, Carmichaels Pa. Mellon Bank, Charleroi Pa				X X										X X						X	X								
Jt	Mon Valley Credit Union Allenport Pa.			X											X						X									
Jt	Allegheny Power Corp Stock					X							X										X							
Jt	American Electric Power				X								X										X							
Jt	Bell Atlantic				X								X									X								
Jt	Bell South				X								X									X								

For additional assets and unearned income, use next page

Page ____ of ____

Schedule III

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SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: AUSTIN J. Murphy

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)										
	S, DC, JT		A None	B Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
So. west Bell NY Nex Stock	Jt				X								X									X								
					X								X									X								
Pacific Telesis U.S. west Stock	Jt				X								X									X								
					X								X									X								
Commonwealth Edison	Jt				X								X										X							
Philadelphia Electric	Jt				X								X										X							
Residence 631 Speers Ave Speers Pa. Evers	Jt														X	X							X							Sale Agreement
Penna State Bonds	Jt				X										X							X								
Philadelphia School Bonds	Jt				X										X							X								
Lancaster Pa Bond	Jt				X										X							X								
Insured Municipal Trust Fund	Jt				X										X							X								
1st Federal S&L Morgantola	Jt					X									X								X							Wifes IRA
Prudential Insurance	Jt				X										X							X								IRA
Congressional Credit Union	Jt				X										X							X								IRA
Commonwealth of Pa.	Jt				X													Pension From Assembly						X						
Van Kampen Mutual Fund	Jt				X										X							X								
V.A. Insurance	Jt				X										X							X								

Reporting Individual's Name
Austin J Murphy

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
It.	Penna Municipal Trust Mutual Fund		X		4-15-92	X						
It	" " Fund #31		X		8-15-92	X						
	These are Mutual Funds held by a Trustee – The Trustee sells & buys Penna Bonds and forwards to me a 1099 stating whether the income is principal or interest Dividends This Fund has intermittently Changed Names I MT Insured Municipal Trust or Penna Insured Municipal Trust – Van Kampen Municipal Trust. For 1991 Report I listed it in Part II and III 11th Line Page 2											

Austin J Murphy

Page ___ of ___

Schedule IV

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Reporting Individual's Name

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
Austin J Murphy

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s) 1993	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	United States Tobacco Institute	Jan 16-19	La Quinta, Calif.	Y	Y	spouse	N
	AMA	Jan 31-Feb 1	Palm Beach Fla	Y	Y	spouse	N
	National Council Agriculture	Feb 12-14	Orlando, Fla	Y	Y	spouse	N
	American Maritime Officers	Sept 4-6	Dania Fla	Y	N	none	2 days
	Irish-America Partnership	Nov 9-15	Dublin Ireland	Y	Y	spouse	N

This page may be copied if more space is required. Page ___ of ___ Schedule VII

Reporting Individual's Name
Austin J Murphy

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
	NONE

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1992 59-536A (pa)

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992	FORM A For use by Members, officers, and employees

JOHN P. MURTHA, JR.
(Full Name)

109 COLGATE AVENUE
(Mailing Address) Daytime Telephone

JOHNSTOWN, PA 15905

Filer Status	[X] Member of the U.S. House of Representatives — State PA District 12TH	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

(4)

MAY 10 1993

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(Office Use Only)

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PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
X [signature]	5/7/93

Reporting Individual's Name
JOHN P. MURTHA, JR.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X									X
			George Wash. Credit Union Accounts				X								X										X						
			182 Main Street, Dover, Delaware					X						X									X								
JT	CHARLES SCHWAB					X							X								X										
	CONGRESSIONAL F.C.U.					X									X						X										
	WESBANCO, INC.						X						X									X									
	CENWEST NATIONAL BANK					X									X					N/A											
S	CENWEST NATIONAL BANK					X									X					N/A											
S	CONGRESSIONAL F.C.U.			X											X							X									

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name: JOHN P. MURTHA, JR.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	MENTOR GROWTH TRUST, INC.			X								X									X								
S	CENWEST NATIONAL BANK				X									X								X							
S	J. R. FINDEISEN (PARENTS ESTATE)			X										X								X							

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Reporting Individual's Name
JOHN P. MURTHA, JR.

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	MARINE CORP. RESERVE OFFICERS ASSN. (SPEECH)	APRIL 24	JOHNSTOWN-BALTIMORE-LATROBE	N	Y	--	--
	TEXTRON (FACT FINDING, SPEECH)	DEC 17-19	WASHINGTON, DC - DALLAS, FT. WORTH	Y	Y	--	--

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JOHN P. MURTHA
12TH DISTRICT PENNSYLVANIA

HAND DELIVERED

COMMITTEE
APPROPRIATIONS

Congress of the United States
House of Representatives
Washington, DC 20515

MC

May 14, 1993

1

1993 MAY 17 PM 3:05

The Honorable Donnald Anderson
Clerk of the House
U.S. House of Representatives
Records and Registration
1036 Longworth Building
Washington, D.C. 20515

Dear Mr. Anderson:

I would appreciate you making the following corrections on my Financial Disclosure Statement for calendar year 1992.

On Schedule VII, the Fact Finding and Substantial Participation Travel section (page four of my statement), please include spouse under the "Which Family Member Included?" category for the December 17-19th trip. Also, please add Washington, D.C. as a point of return under the "Point of Departure-Destination(s)-Point of Return" category for the same December 17th-19th trip.

Also, on the front page of my Financial Disclosure Statement, please change Page 1 of 1 to Page 1 of 4.

Thank you very much for your cooperation. I am sorry for any inconvenience this may have caused you.

Sincerely,

JOHN P. MURTHA
Member of Congress

JPM/jag

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 17 PM 1:26
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC
(Office Use Only)

(6)

John Thomas Myers
(Full Name)

2372 Rayburn HOB
(Mailing Address)

202-225-5805
Daytime Telephone

Washington, DC 20515-1407

Filer Status	[X] Member of the U.S. House of Representatives — State: IN District: 7th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: John Thomas Myers

DATE (Month, Day, Year): 5/17/93

2473

Reporting Individual's Name

John Thomas Myers

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Bank of Western Indiana	Spouse Director's Fee	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

2474

Reporting Individual's Name
John Thomas Myers

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
JT	Bank of Western Indiana Stock								X				X												X					
S	Covington Service Corp				X								X							X										
S	The Fountain Trust Co					X							X										X							
JT	GTE (Pref)				X								X							X										
JT	IBM				X								X							X										

For additional assets and unearned income, use next page

2475

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John Thomas Myers

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)								
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
JT	ICM		X									X							X									
JT	Indiana Energy Inc			X								X									X							
JT	Southern Indiana Gas & Elec				X							X										X						
JT	TRW Inc			X								X									X							
JT	Wal Mart Stores		X									X									X							
JT	Wm Wrigley Co		X									X								X								
JT	Bank of Western Indiana CD's					X							X										X					
	Fountain County Indiana Farm						X											Grain						X				
S	Oil Royalties-Illinois Well Atterbery Warren #3		X															Royalties	X									
S	Bank of Western Indiana IRA's			X									X								X							
	American Mutual Ins		X										X							X								
	Carruthers, Estate of (Spouse) ~~Elmer Agency~~ - Contract Sale			X									X	X						X								

Schedule III—Continuation

2476

Reporting Individual's Name: John Thomas Myers

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
JT	Southern Indiana Gas & Elec - Stock Split	X			4-16-92	X						
JT	Wm Wrigley Co - Stock Split	X			9-15-92	X						
JT	American States Ins - Stock Call		X		6-30-92	X						
JT	Eli Lilly	X			7-8-92	X						
JT	Indiana Energy Inc - Common Stock	X			Dividend ReInvest	X						
JT	Southern Indiana Gas & Elec	X			Dividend ReInvest	X						
JT	Wm Wrigley Co	X			Dividend ReInvest	X						

Reporting Individual's Name

John Thomas Myers

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6–13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	Indiana Bell	Dec. 4-5	No Transportation Accpt	Y	Y	Spouse	1 Day

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1993 MAY 25 PM 1:26
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(7)

HAND DELIVERED

MC

(Office Use Only)

Jerrold Lewis Nadler
(Full Name)

697 West End Avenue, New York, N.Y. 10025
(Mailing Address)

(202) 225-5635
(212) 489-3530
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State New York District: 8th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Jerrold Nadler

DATE (Month, Day, Year) 5/15/93

Reporting Individual's Name
Jerrold Lewis Nadler

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	New York State Assembly - State of New York	Salary	58,202
	New York City Department of Housing Preservation and Development	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Jerrold Lewis Nadler

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)										Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT Examples: S ABC Corporation Stock				X								X									X								X
George Wash. Credit Union Accounts					X									X									X						
182 Main Street, Dover, Delaware						X							X									X							
S Southern Company				X								X									X								
S MGI Properties			X									X								X									
S Northeast Utilities				X								X									X								
S Ohio Edison Company				X								X									X								
S Niagara Mohawk Power Company				X								X								X									
S Pacific Tel + Tel (+ Pacific Bell)				X										X							X								

For additional assets and unearned income, use next page

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SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jerrold Lewis Nadler

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset – Year End Value (X): A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income – Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
S	Con Edison				X									X									X						
S	Metropolitan Transportation Authority Gen'l Revenue Bond				X									X								X							
S	N.Y.S. Energy Research & Dev. Authority				X									X								X							
JT	State of Israel Bond		X											X						X									
JT	Boston Edison			X										X						X									X
JT	Rent Security		X											X						X									
S	Chemical Bank			X										X								X							
	Manhattan Savings Bank		X											X						X									
JT	The Merchants Bank of N.Y.		X											X						X									
DC	Republic National Bank Money Market Fund				X							X										X							
S	Chemical Bank			X										NA					X										
S	New York City Gen'l Obligation Bond				X									X								X							
DC	New York City Gen'l Obligation Bond				X						xero coupon			NA					X										X
S	U.S. Savings Bonds			X															X										

NA

Schedule III – Continuation

Reporting Individual's Name: Jerrold Lewis Nadler

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
JT	Boston Edison stock redemption				12/2/92	X						
DC	New York City Gen'l Obligation Bonds	X			3/17/92		X					
S	U.S. Savings Bonds				partial redemption	X						

Schedule IV

Reporting Individual's Name
Jerrold Lewis Nadler

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Marine Midland Bank, New York, N.Y.	Revolving Credit Card	X						

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mr.. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
Jerrold Lewis Nadler

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I For further information see Instructions, page 25

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

Positions	Name of Organization
Member, National Governing Council	American Jewish Congress

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1992 59-835A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

9104

PM 15 AM 8 10

(3)

INSIDE MAIL

MC

(Office Use Only)

WILLIAM P. NATCHER
(Full Name)

2313 Rayburn House Office Building (202) 225-3501
(Mailing Address) (Daytime Telephone)

Washington, D.C. 20515

Filer Status	[XX]	Member of the U.S. House of Representatives	State Kentucky District Second	[ ]	Officer or Employee	Employing Office
Report Type	[XX]	Annual (May 15)	[ ] Amendment	[ ]	Termination	Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g. salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I**	[ ]	[X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II**	[ ]	[X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III**	[X]	[ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV**	[ ]	[X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e. aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII**	[ ]	[X]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII**	[ ]	[X]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See instructions, page 10.) — Yes [ ] No [X]

EXEMPTION Have you excluded from the report any other assets, unearned income, transactions or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) — Yes [X] No [ ]

NOTE: My wife, Virginia P. Natcher died testate on 1/6/91. No part of her estate will be accepted by me. All of the estate will be given to the non dependent children and grandchildren.

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: William P. Natcher

DATE (Month, Day, Year): May 7, 1993

Reporting Individual's Name

WILLIAM H. NATCHER

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None."

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-16.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)									BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									Block D Transaction (X)
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			None	A: Less than $1,001	B: $1,001 - $15,000	C: $15,001 - $50,000	D: $50,001 - $100,000	E: $100,001 - $250,000	F: $250,001 - $500,000	G: $500,001 - $1,000,000	H: Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I: None	II: Less than $201	III: $201 - $1,000	IV: $1,001 - $2,500	V: $2,501 - $5,000	VI: $5,001 - $15,000	VII: $15,001 - $50,000	VIII: $50,001 - $100,000	IX: Over $100,000	
JT	Example	B ABC Corporation Stock			X								X									X						X
		George Wash. Credit Union Accounts					X								X								X					
		187 Main Street, Dover, Delaware						X						X								X						
		ALL PROPERTIES LISTED ARE IN BOWLING GREEN, KENTUCKY																										
		Auto Sales Lot 28 10 04 28-10 4 28-10 6					X							X							X							
		Mobile Home Property 28 10 03				X								X									X					
		½ Int. property 28 10 2 728 First Street				X																						
		½ Int. property 28 10 4 718 First Street				X																						
		½ Int. property 28 05 01 05 31 W By Pass					X																					

For additional assets and unearned income, use next page

Schedule III

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: WILLIAM H. NATCHER

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	½ int. property 28-10-06 719 First Street			X																							
	Property 28-10-03 310 US 31-W By Pass			X																							
	Property 39-01-01A 310 US 31-W By Pass			X																							
	Property 28-10-13 310 US 31-W By Pass			X																							
	½ int. property US 31-W By Pass Drive-in Theatre				X																						
	½ int. property 28-□5-002 US 31-W By Pass				X																						
	½ int. property (Farm 90-60) Natcher Lane			X																							
	American Nat'l. Bank & Trust Bowling Green, KY (Sav. Acc't.)			X										X							X						
	South Central Bank Bowling Green, KY (Sav. Acc't.)			X										X						X							
	Cong. Fed. Credit Union Wash., DC (Ckg. Acc't.)				X									X							X						
	Cong. Fed. Credit Union Wash., DC (Sav. Acc't.)				X									X						X							

Schedule III – Continuation

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 17 PM 12:44
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

mc (Office Use Only)

RICHARD E NEAL (Full Name)

131 CANNON H.O.B (Mailing Address) (202) 225-5601 Daytime Telephone

WASHINGTON, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives — State: MASS District: 2ND	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Richard E Neal **DATE (Month, Day, Year)** 5/17/93

2489

Reporting Individual's Name
NEAL, RICHARD E.

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	OUR LADY OF HOPE SCHOOL, SPRINGFIELD, MA.	SPOUSE SALARY	$16,095.75

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
NEAL, RICHARD E.

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	DISTILLED SPIRITS COUNCIL	SPEECH	JULY 7, 1992	$1,000

This page may be copied if more space is required.

Reporting Individual's Name
NEAL, RICHARD E.

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X								X									X
			George Wash. Credit Union Accounts				X									X									X						
			162 Main Street, Dover, Delaware					X							X								X								
			SPRINGFIELD INST. FOR SAVINGS				X									X						X									
			SPRINGFIELD MUNICIPAL RETIREMENT SYSTEM				X									X					X										

For additional assets and unearned income, use next page

Schedule III

Reporting Individual's Name
NEAL, RICHARD E.

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	MIDSOUTH CORP. STOCK		X		5/13/92	X						

Reporting Individual's Name
NEAL, RICHARD E.

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	BAYBANK	HOME IMPROVEMENT LOAN 36 ATWATER TER, SPRINGFIELD		X					
	LUDLOW SAVINGS	HOME IMPROVEMENT LOAN 36 ATWATER TER, SPRINGFIELD	X						

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
NEAL, RICHARD E.

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	CAMPBELL-RAUPE CONGRESSIONAL SEMINAR	JULY 2-6	NO TRAVEL PROVIDED/HYANNIS, MA.	Y	Y	SPOUSE + 4 CHILDREN	N

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 17 50

(8)

HAND DELIVERED

MC (Office Use Only)

Stephen Lybrook Neal
(Full Name)

1001 Wellington Road
(Mailing Address)

Daytime Telephone 202-225-2071

Winston-Salem, North Carolina 27106

Filer Status	[XX] Member of the U.S. House of Representatives	State: NC District: 5th	[ ] Officer or Employee	Employing Office:
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [XX]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [XX]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [XX]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ] No [XX]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [XX]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [XX] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [XX]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [XX]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [XX]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [XX]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [XX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL: Stephen Lybrook Neal	DATE (Month, Day, Year): 5-17-93

2496

Reporting Individual's Name
Stephen Lybrook Neal

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Washington Life	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

Stephen Lybrook Neal

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock			X								X									X									X
		George Wash. Credit Union Accounts				X									X									X							
		182 Main Street, Dover, Delaware					X							X									X								
	Smith Barney Mutual Funds						X						X											X							
	Media General				X								X									X									
	[illegible]				X								X									X									
	North Carolina Bonds							X							X										X						
	Quaker Oats					X							X										X								
	Wachovia Money Market Account				X										X								X								

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Stephen Lybrook Neal

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Vanguard Index Trust					X						X										X						
	Harold Drilling			X								X									X							
	Alliance MMP					X								X									X					
	4187 Patterson Ave., Winston-Salem, NC						X						X												X			
	IRA			X																								
S	American Home Products			X								X									X							X
S	Boeing Co.			X								X								X								
S	Bristol Myers Squibb			X								X									X							
S	Coca Cola Co.			X								X								X								
S	Corning Inc.			X								X								X								
S	Walt Disney Co.			X								X								X								
S	Dun & Bradstreet			X								X								X								
S	Exxon Corp.			X								X									X							X
S	Federal Nat'l Mtg. Assn.			X								X								X								X
S	Johnson & Johnson			X								X								X								X

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Stephen Lybrook Neal

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Eli Lilly & Co.			X								X							X									
S	Merck & Co. Inc.			X								X								X								
S	Pall Corp.			X								X							X									X
S	Rubbermaid Inc.			X								X							X									
S	UpJohn Co.			X								X							X									
S	Wastement Inc.			X								X							X									
S	Vanguard Index Trust			X								X								X								
S	Proctor & Gamble			X								X							X									
S	Alliance Fund			X										X														
S	IRA			X																								
S	Hechinger			X								X							X									X
S	IBM			X								X							X									X
S	New York Times			X								X							X									X
S	Glaxo			X								X							X									X

Reporting Individual's Name

Stephen Lybrook Neal

SCHEDULE IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
S	Glaxo	X			1-30-92	X						
S	Exxon	X			1-30-92	X						
S	New York Times		X		3-16-92	X						
S	American Home Products	X			3-20-92	X						
S	IBM	X			4-3-92	X						
S	Pall	X			6-10-92	X						
S	Johnson & Johnson	X			10-27-92	X						
S	Federal National Mortgage Assn.	X			10-26-92	X						
S	Glaxo		X		10-26-92	X						
S	IBM		X		10-26-92	X						
S	Hechinger		X		12-12-92	X						
	(Note: To avoid the possibility of even the appearance of any conflict of interest I've invested the money I earned before being elected to Congress almost entirely in either broad based mutual funds or North Carolina Bonds. The one exception was Quaker Oats which I bought several years ago because I thought it would be a good investment because they are the major supplier of oats and it was discovered oats help lower cholesterol. (The MMM was a gift from my mother.) I have spent almost no time on personal investments or personal business of any kind, as can easily be seen since investments have barely changed from year to year.											

Reporting Individual's Name
Stephen Lybrook Neal

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Southern National Bank, Winston-Salem, NC	Mortgage on 4187 Patterson Ave., Winston-Salem, NC				X			
	Household Services Corp.	Mortgage on 7913 Lewinsville Road, McLean, VA			X				

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

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Reporting Individual's Name
Stephen Lybrook Neal

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Trustee	Z. Smith Reynolds Foundation
Board Member	University of Wake Forest Board of Visitors

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1992 O-335A (pb)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

(10)

RECEIVED
1993 MAY 17 PM 1:20
CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only)

Eleanor Holmes Norton
(Full Name)

10 Ninth Street, SE
(Mailing Address)

Daytime Telephone: 202-225-8050

Washington, DC 20003

Filer Status	[X] Member of the U.S. House of Representatives	State: DC District:	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes	[X]	No	[ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes	[ ]	No	[X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes	[X]	No	[ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes	[X]	No	[ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes	[ ]	No	[X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes	[ ]	No	[X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes	[ ]	No	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Eleanor H. Norton

DATE (Month, Day, Year) 5/13/93

2504

Reporting Individual's Name
Eleanor Holmes Norton

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Pitney Bowes (This item is not subject to limit on outside earned income)	Retirement Fee	$12,000

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

2505

Reporting Individual's Name
Eleanor Holmes Norton

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X							X
	George Wash. Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X							X									X						
	Congressional Federal Credit Union				X									X								X						
	Oakter Associates, L.P.					X									X											X		* See Over
	Intergen Inverstors, Ltd.				X						PARTNERSHIP	ORDINARY						INCOME				X						
	Rittenhouse Square Associates				X														X									
	Star Partners II, Ltd.			X															X									
	Boston Capital Private Tax Credit Fund				X														X									X

For additional assets and unearned income, use next page

Schedule III

2506

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Eleanor Holmes Norton

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
		A	B	C	D	E	F	G	H										I	II	III	IV	V	VI	VII	VIII	IX	
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	None	Less than $1,001	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	Less than $201	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	Transaction (X)
DC	American Cable TV Investors IV				X														X										
	RESOURCES TRUST I&A																												
	RTC Cash Account		X																										
	High Equity Partners Series 85			X																									
	Resources Accured Mortgage Investment Series 86		X																										
	American Cable TV Investors IV			X								INCOME YET TO BE DERIVED																
	High Equity Partners Series 86			X																									
	Technology Funding Venture Partners IV			X																									
	Sunamerica Growth Portfolio		X																										X
	RESOURCES TRUST QUALIFIED PLAN																												
	RTC Cash Account		X																										
	Synthetic Industries, L.P.				X							INCOME YET TO BE DERIVED																
	Angeles Income Properties LTD		X																										
	American Cable TV Investors III			X																									

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Eleanor Holmes Norton

RESOURCES TRUST QUALIFIED PLAN (CONTINUED)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
High Equity Partners Investment Series 85				X																								
Resources Accrued Mortgage Invest. Series 86				X																								
Westmed 1 LP				X																								
Rotor Tool LP					X													INCOME YET TO BE DERIVED										
Star Partners II LTD				X																								
Technology Funding Venture Partners IV				X																								
MC Bottlers LP					X																							
Technology Funding Venture Partners V					X																							X
Equus II Inc.				X																								
Pasadena Growth Fund					X																							

2508

Reporting Individual's Name

Eleanor Holmes Norton

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Boston Capital Private Tax Credit Fund	X			11/92		X					
RESOURCES TRUST QUALIFIED PLAN	AIM Weingarten Fund*		X		6/19/92		X					
	American Insured Mortgage Investors, LP Series 85		X		6/17/92	X						
	RPS Realty Trust		X		6/17/92	X						
	Technology Funding Venture Partners V	X			9/17/92		X					
RESOURCES TRUST IRA	Sunamerica Growth Portfolio	X			6/17/92**							

* AIM Weingarten Fund is part of a family of funds which also includes AIM Constellation Fund (Sold by EHN in 1991). Transactions between these funds are made pursuant to an automatic market-timing program. Congresswoman Norton's interest in these funds was sold in June, 1992.

** Amount of transaction less than $1001.00

Reporting Individual's Name
Eleanor Holmes Norton

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Congressional Black Caucus Foundation (Retreat)	2/22/92 2/24/92	Wash, DC - Orlando, FL Wash, DC	Y	Y	None	N/A
	Essence Week (Speech)(	4/7/92	Wash, DC - New York, NY Wash, DC	N	N	None	N/A
	Toogaloo University (Commencement Speech)	5/17/92	Wash, DC - Jackson, MS Wash, DC	N	N	None	N/A
	EHN Campaign (DNC Nat'l Platform Hearing)	5/18/92	Wash, DC - Cleveland, OH Wash, DC	N	N	None	N/A
	Vassar College (Commencement Speech)	5/24/92	Wash, DC - Poughkeepsie, NY Wash, DC	N	N	None	N/A
	S. CT State Unviersity (Commencement Speech)	5/29/92	Wash, DC - New Haven, CT Wash, DC	N	N	None	N/A
	Bill Cosby * see attached copy of Ethics Committee letter	6/7/92	Wash, DC - New York, NY Wash, DC	N	Y	None	N/A
	Nat'l Bar Assn/Women's Lawyers Division (Speech)	6/16/92	Wash, DC - Philadelphia, PA Wash, DC	N	N	None	N/A
	Barbara Rose Collins (Speech for BRC's Women's Forum)	7/27/92 7/28/92	Wash, DC - Detroit, MI Wash, DC	N	Y	None	N/A
	Tom Skinner & Associates (Leadership Seminar & Retreat)	8/6/92 8/9/92	Wash, DC - Hilton Head, SC Wash, DC	Y	Y	None	N/A
	New York Lawyers for Clinton Gore (Speech)	10/22/92 10/23/92	Wash, DC - New York, NY - Wash, DC	Y	Y	None	N/A
	Congressional Black Caucus (Black Cong Lead Inst Speech)	11/12/92	Wash, DC - Atlanta, GA	Y	Y	None	N/A
	Industrial Union Dept. AFL-CIO (Speech	11/12/92 11/13/92	Atlanta, GA - Miami, FL Wash, DC	y	y	None	N/A
	Tom Skinner & Associates (Leadership Seminar & Retreat)	12/10/92 12/13/92	Wash, DC - Coral Gables FL Wash, DC	y	y	None	N/A

This page may be copied if more space is required.

2510

Reporting Individual's Name
Eleanor Holmes Norton

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totaling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Fayetteville State University	12/15/92	Wash, DC - Fayetteville NC - Wash, DC	N	N	None	N/A

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Reporting Individual's Name
Eleanor Holmes Norton

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
See Exhibit	

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
March 1993	Georgetown University	Extended leave of absence from postion as
		Professor of Law from January 1993 to June 30, 1995
		(renegotiated agreement made originally in 1990)

GPO: 1993 86-436A (m)

Eleanor Holmes Norton
Financial Disclosure Statement for Calendar Year 1992
Exhibit
Schedule VIII, Positions

Position	Name of Organization
Professor of Law*	Georgetown University
Member of the Board	A. Phillip Randolph Institute
	Catalyst
Member of the Board	Center for Budget and Policy Priorities
Member	Citizens Commission on Civil Rights
Member	Council on Foreign Relations
Member of the Board	Economic Policy Institute
Member of the Board	Environmental Law Institute
Trustee	Martin Luther King, Jr. Center for Social Change
Member	Public Agenda Foundation, Policy Review Board
Chair	Women's Law and Policy Fellowship
Member of the Board	Work in America Institute
Chair	Workplace Health Fund

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 11

(4) HAND DELIVERED
MC
(Office Use Only)

James A. Nussle
(Full Name)

400 East Delaware — 202-225-2911
(Mailing Address) — Daytime Telephone:

Manchester, Iowa 52057

Filer Status	[X] Member of the U.S. House of Representatives	State: Iowa District: Second	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes	[X]	No	[ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes	[X]	No	[ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes	[X]	No	[ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes	[ ]	No	[X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes	[ ]	No	[X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes	[ ]	No	[X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes	[ ]	No	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL — Jim Nussle — **DATE (Month, Day, Year)** 5-11-93

2514

Reporting Individual's Name

James A. Nussle

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	St. Lukes Hospital, Cedar Rapids, Iowa	Spouse Salary	NA
	Delaware County Memorial Hospital, Manchester, Iowa	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

James A. Nussle

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C	Speech	Feb. 2, 1992	$2,000
XYZ Magazine	Article	Aug. 13, 1992	$500
National Grocers Association, Washington, D.C. -- given to the Dubuque Food Pantry, Dubuque, Iowa	Food Item	June 23, 1992	*$50.00 (approx.)

This page may be copied if more space is required.

Reporting Individual's Name

James A. Nussle

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)									BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S ABC Corporation Stock			X								X								X								X
		George Wash. Credit Union Accounts				X									X									X					
		182 Main Street, Dover, Delaware					X							X								X							
JT	Farmers & Merchants Bank - Checking			X											X						X								
S	Farmers & Merchants Bank - Checking			X											X						X								
JT	Kemper Financial Group Money Market				X										X							X							
JT	U.S. Savings Bonds				X										X					X									
DC	U.S. Savings Bonds			X											X					X									

For additional assets and unearned income, use next page

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

(3)

RECEIVED
1993 MAY 17 AM 10: 20
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

JAMES LOUIS OBERSTAR
(Full Name)

2366 Rayburn HOB, Washington, DC 20515 — 202-225-6211
(Mailing Address) — Daytime Telephone

Filer Status	[XX] Member of the U.S. House of Representatives — State: Minnesota District: 8	[ ] Officer or Employee	Employing Office:
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

HAND DELIVERED
mc
(Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	[ ]	[XX]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	[ ]	[XX]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1 000 at the end of the period? **If yes, Complete and Attach Schedule III.**	[XX]	[ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	[ ]	[XX]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	[ ]	[XX]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	[ ]	[XX]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	[X]	[ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	[ ]	[XX]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	[ ]	[XX]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	[ ]	[X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL James L. Oberstar — **DATE (Month, Day, Year)** 5 14 93

2518

Reporting Individual's Name
James Louis OBERSTAR

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X							X
	Examples: George Wash. Credit Union Accounts				X									X					
	Examples: 182 Main Street, Dover, Delaware					X							X						
	Cong. Fed Credit Union Accts.					X								X					
DC	Cong. Fed Credit Union Acct.				X									X					
DC	Chevy Chase Bank, Chevy Chase, MD				X									X					
	Chevy Chase Bank, Chevy Chase, MD				X									X					

	BLOCK C Income: Category of Amount of Income (X)									
	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000
ABC Corporation Stock			X							
George Wash. Credit Union Accounts				X						
182 Main Street, Dover, Delaware				X						
Cong. Fed Credit Union Accts.				X						
Cong. Fed Credit Union Acct.			X							
Chevy Chase Bank, Chevy Chase, MD				X						
Chevy Chase Bank, Chevy Chase, MD			X							

For additional assets and unearned income, use next page

Reporting Individual's Name

James Louis OBERSTAR

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

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	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	American Association of Airport Executives	Jan. 24-26	DC-Sarasota (self) DC-Sarasota-DC (Daughter)	Y	Y	Daughter	Return trip: Sarasota-Minn. (self)
	Airbus Industries	Apr. 21	Paris, France to Toulouse, FR to Paris	N	Y	None	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 10 PM 7:58
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Full Name) David R. Obey

(Mailing Address) 2462 Rayburn House Office Building

Daytime Telephone (202) 225-3365

3

INSIDE MAIL

MC

(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: Wisconsin District: 7th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ] No [X]
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SIGNATURE OF REPORTING INDIVIDUAL David R. Obey

DATE (Month, Day, Year) May 6, 1993

2521

Reporting Individual's Name
David R. Obey

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

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If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock			X								X									X									X
		George Wash. Credit Union Accounts				X									X									X							
		182 Main Street, Dover, Delaware					X							X									X								
	Riggs National Bank of Virginia (Arlington)					X									N/A				IRA's		N/A										
	Wright-Patman Congressional Federal Credit Union (Washington, D.C.)					X									X							X									
S	U.S. Savings Bond Series EE				X									(No income yet derived)																	
	(Gift from relative to spouse)																														

For additional assets and unearned income, use next page

Schedule III

Reporting Individual's Name
David R. Obey

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 8-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Carl Schurz Haus German American Institute (Speech)	April 20-27	Wash.,D.C.-Basle, Germany-Wash., D.C.	N	N	Spouse	4 Days
	Polish National Alliance (Speech)	May 3	Wausau, WI-Chicago, IL-Wash., D.C.	N	N	None	N
	Wisconsin State AFL-CIO (Speech)	Sept. 29	LaCrosse, WI-Wash., D.C.	N	N	None	N

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

1993 MAY 14 AM 11:35

John W. Olver
(Full Name)

Box 28, Amherst, MA 01004 (Mailing Address)

(413)256-6643 Daytime Telephone

Filer Status	[x] Member of the U.S House of Representatives	State MA District 01	[ ] Officer or Employee	Employing Office
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

MC 7 **HAND DELIVERED**

(Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No		Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	[x]	[ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	[ ]	[x]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II**	[ ]	[x]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	[ ]	[x]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	[x]	[ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	[x]	[ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	[x]	[ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	[x]	[ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	[x]	[ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	[ ]	[x]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	[ ]	[x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL John W. Olver

DATE (Month, Day, Year) 13 May 93

2524

Reporting Individual's Name

John W. Olver

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Amherst College, Amherst, MA	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

2525

Reporting Individual's Name

John W. Olver

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse; or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						BLOCK C Income: Category of Amount of Income (X)										Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X					
			182 Main Street, Dover, Delaware					X						X									X						
JT	AMCAP Fund, Inc.					X							X									X							
JT	Carlyle Real Estate Limited Partnership					X									X	X						X							
JT	Daily Cash Accumulation Fund					X							X								X								
JT	Canada Southern Petro LTD					X														X									
JT	33 Myrtle St. Boston, MA 02108 (condo)						X							X									X						
JT	120 acres-unimproved land 117 Central St. Plainfield, MA						X																						

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John W. Olver

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
JT	27 acres-unimproved land Buffam Road Pelham, MA				x																						
JT	45 acres-unimproved land No.Valley Road, Pelham, MA			x																							
S	Part interest in a home 29 Valley Lane, Amherst, MA				x																						
	25 acres-unimproved land Beachlake, Berlin Township, PA			x																							
	Mass. State Employee Pension				x															x							
JT	Kemper Investment Portfolio																										x

Schedule III – Continuation

2527

Reporting Individual's Name: John W. Olver

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
JT	Kemper Investment Portfolio		x		1 May 92	x						

2528

Reporting Individual's Name

John W. Olver

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Fleet Bank (successor to Heritage Bank for Savings) One Monarch Pl. Springfield,MA 01144	Mortgage at: 33 Myrtle Street # 2, Boston, MA			X				

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Reporting Individual's Name
John W. Olver

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Director	ADA, 145 Tremont Street, Boston, MA

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement
14 June 91	Mass. State Employee Life Insurance Program	*Continuing benefits as a former state employee.
14 June 91	Mass. State Employee Retirement Program	Retirement effective: 20 November 1992

GPO 1988 90-336A (pb)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 13 PM 3:38
U.S. HOUSE OF REPRESENTATIVES

(7)
HAND DELIVERED
MC
(Office Use Only)

Solomon Porfirio Ortiz
(Full Name)

2136 Rayburn House Office Bldg.
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: 202/225-7742

Filer Status	[X] Member of the U.S. House of Representatives — State: TX District: 27	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	**DATE (Month, Day, Year)** May 15th '93

2531

Reporting Individual's Name
Solomon Porfirio Ortiz

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X									X
			George Wash. Credit Union Accounts				X								X									X							
			182 Main Street, Dover, Delaware					X						X									X								
	Cong. Fed. Credit Union-DC,Cert.					X									X							X									
	Cong. Fed. Credit Union-DC,Accts.							X							X							X									
	1250 4th St.,SW #511,Wash.,D.C.							X						X											X						
	Equitable,Washington, D.C.					X									X							X									
	Amtex,Inc.,Corpus Christi, TX						X						X													X					
	Unimproved Lots,Robstown, TX					X														X											

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: Solomon Porfirio Ortiz

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Arneson,Kercheville,San Antonio					X						X		X							X								
(formerly with Dean Witter)																												
Seaside Villa Condo,½ owner				X														X										
--Corpus Christi, TX																												
Villa Del Sol,Corpus Christi,TX				X																X								
4601 Carmen Ave.,#2104 ½ owner				X														X										
--Rancho Viejo, Texas																												

Reporting Individual's Name: Solomon Porfirio Ortiz

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 30.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	4601 Carmen Ave.,#2104 Rancho Viejo,TX ; ½owner	X			12-25-92		X					

Reporting Individual's Name
Solomon Porfirio Ortiz

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, D, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Alliance Mortgage,Charlotte, NC	Mort. on 1250 4th St.,SW,DC			X				
	American Bank,Corpus Christi, TX	Mort. on Villa Del Sol Condo		X					
	Internat'l Bank of Commerce,Brownsville,TX	Mort. on 4601 Carmen Ave.		X					

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
Solomon Porfirio Ortiz

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Example:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	Mr. Amigo Assoc.	2-27to3-1	Drove to Brownsville	Y	Y	None	No
	(use of car for 1 day)		from Corpus in my car				
	Coastal States Corp.	2-21to22	Corpus-Laredo-Corpus	Y	Y	None	No
	Chinese Nat'l Assoc. of	4-12to18	Wash.DC-Taipei-Corpus	Y	Y	None	No
	Industry & Commerce						
	Port of Brownsville	12-12to17	Harlingen-San Jose-Harl.	Y	Y	None	No

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Reporting Individual's Name
Solomon Porfirio Ortiz

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
President	Amtex Security, Inc.,Corpus Christi, Texas

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1988 89-534A (ee)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 17 PM 2:24
CLERK
U.S. HOUSE OF REPRESENTATIVES

William Harvey Orton
(Full Name)

1122 Longworth HOB, Washington, D.C. 20515
(Mailing Address)

(202) 225-7751
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: Utah District: 3rd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

HAND DELIVERED
MC
(Office Use Only)

2538

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
William H. Orton	May 14, 1993

Reporting Individual's Name

William Harvey Orton

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
William Harvey Orton

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500

This page may be copied if more space is required.

Schedule II

Reporting Individual's Name
William Harvey Orton

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	A None	B Less than $1,001	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)
S, DC, JT	Examples: S ABC Corporation Stock			X								X						
	George Wash. Credit Union Accounts				X									X				
	182 Main Street, Dover, Delaware					X							X					
	First Interstate Bank					X								X				
	America First Credit Union		X											X				
	Silver Screen Partners			X								X		X				
	Dean Witter		X									X						
	Orton Properties (partnership)						X						X	X				
	Tax Training Institute						X							X				

	BLOCK C Income: Category of Amount of Income (X)										Block D
	None	I Less than $201	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT											
Examples: S ABC Corporation Stock			X								X
George Wash. Credit Union Accounts					X						
182 Main Street, Dover, Delaware				X							
First Interstate Bank					X						
America First Credit Union		X									
Silver Screen Partners				X							
Dean Witter			X								
Orton Properties (partnership)					X						
Tax Training Institute					X						

For additional assets and unearned income, use next page

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: William Harvey Orton

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	House: 3086 E. Meadow Drive Provo, Utah						X						X										X					
	Cash Value Insurance, The Principal Group				X							X																
	Accounts Receivable: law practice			X														Accounts Receivable										
	Personal Loan: Lisa Lowe			X										X						X								
	Personal Loan: Tony Johnson			X										X						X								
	Personal Loan: Orton for Congress				X									X							X							

Schedule III—Continuation

Reporting Individual's Name

William H. Orton

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

		Type of Transaction (X)				Amount of Transaction						
S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				

Reporting Individual's Name

William Harvey Orton

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	First Security Bank	Mortgage on House 3086 E. Meadow Dr., Provo, Utah				X			
	Crossland Mortgage	Mortgage on Duplex 489-491 W. 1800 N., Provo, Utah			X				

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Schedules V and VI

Reporting Individual's Name

William Harvey Orton

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	National Association of Industrial and Office Parks	Feb. 28	Salt Lake - Phx - D.C.	N	N	None	N
	Arthur Andersen	Mar. 19-21	SLC - San Fran - SLC	Y	Y	None	N
	Real Estate Tax Institute	Aug. 15-16	SLC - Sacramento - SLC	Y	Y	None	N
	Utah Assoc. of Realtors	Sept. 25	SLC - Sun Valley, ID - SLC	N	Y	None	N

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Reporting Individual's Name
William Harvey Orton

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Trustee	Great Western Trail Foundation (501(c)(3) organization) -- uncompensated position

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1992 [illegible]

BILL ORTON
3d District, Utah

COMMITTEES
BANKING, FINANCE AND URBAN AFFAIRS
BUDGET
SMALL BUSINESS

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515–4403

WASHINGTON OFFICE
1122 Longworth House Office Building
Washington, DC 20515–4403
(202) 225-7751

DISTRICT OFFICE
51 South University Avenue
Room 317
Provo, UT 84601
(801) 379-2500

RECEIVED
1993 MAY 17 PM 2:23
U.S. HOUSE OF REPRESENTATIVES

May 17, 1993

The Honorable Donnald K. Anderson
Clerk of the House
H-105, the Capitol
Washington, D.C. 20515

Dear Donn:

Please clarify my 1993 financial disclosure form as follows:

Form A - Schedule III:

Orton Properties: disclosure of underlying assets

Farm -- Avon, Utah (no address): Category E
House and Farm -- North Ogden, Utah (approx. 600 E. 2100 N.): Category D
Farm Land and Barn -- North Ogden, Utah (approx. 550 E. 2100 N.): Category C
Duplex -- 489-491 W. 1800 N., Provo, Utah: Category D

Sincerely,

William H. Orton
Member of Congress

BILL ORTON
3d District, Utah

COMMITTEES
BANKING, FINANCE AND URBAN AFFAIRS
BUDGET
SMALL BUSINESS

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515–4403

WASHINGTON OFFICE
1122 Longworth House Office Building
Washington, DC 20515–4403
(202) 225–7751

DISTRICT OFFICE
51 South University Avenue
Room 317
Provo, UT 84601
(801) 378–2500

May 19, 1993

(3)

✓
MC

1993 MAY 19 PM 1:14

The Honorable Donnald K. Anderson
Clerk of the House
H-105, the Capitol
Washington, D.C. 20515

Dear Donn:

Please amend my 1993 Financial Disclosure to reflect the attached additions in Schedules II and VII.

Your assistance is most appreciated.

Sincerely,

William H. Orton
Member of Congress

Reporting Individual's Name
William Harvey Orton

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
XYZ Magazine	Article	Aug. 13, 1992	$500
Health 'R' Us, Washington, D.C.	Speech	June 16, 1992	$1,000.00

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Reporting Individual's Name
William Harvey Orton

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	National Association of Home Builders	Jan. 24-25	SLC - Las Vegas - SLC	Y	Y	None	N

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

(5)

RECEIVED
1993 MAY 17 PM 1:27
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

mc (Office Use Only)

Major Robert Owens
(Full Name)

135 Eastern Parkway
(Mailing Address)

(718) 773-3100
Daytime Telephone:

Brooklyn, New York 11238

Filer Status	[X] Member of the U.S. House of Representatives — State: New York District: 11th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [ ]	No [X]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Major R. Owens	**DATE (Month, Day, Year)** May 15, 1993

Reporting Individual's Name: Major R. Owens

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	St George's University Commencement - New York	Speech	June 26, 1992	$ 1,000
	National Black Child Development Institute - Washington, D.C.	Speech	September 17, 1992	$ 1,500
	Miami Dade Public Library - Miami, Florida	Speech	April 24, 1992	$ 150
	National Council of Educational Opportunity - Washington, D.C.	Speech	March 9, 1992	$ 1,000
	University of Pittsburg School of Library Science - Pittsburgh, Pennsylvania	Speech	February 11, 1992	$ 200

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Reporting Individual's Name

Maynard S. Owens

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Citi-Bank of New York	Personal Loan		X					

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name: Mary L. Owens

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 8-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	University of Pittsburgh	Feb 11, 1992	Wash, D.C.-Pittsburgh-Wash D.C.	N	Y	None	N
	Miami Dade Public Library	April 24, 1992	New York-Miami-Wash D.C.	Y	Y	None	N
	ALA Committee on Coordination of Access to Information	June 1990	Wash D.C.-San Francisco-Wash, D.C.	Y	Y	None	N
	United Electrical Workers	Sept. 1, '92	Wash D.C.-Baltimore-Washington, D.C.	N	Y	None	N

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Reporting Individual's Name: Mark R. Levin

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
President	Communovations Associates

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1990 50-000A (94)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 13 PM 2 06
CLERK
HOUSE

MC (8)

HAND DELIVERED
(Office Use Only)

Congressman Michael Garver Oxley
(Full Name)

2233 Rayburn H.O.B.
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone (202)225-2676

Filer Status: [X] Member of the U.S. House of Representatives — State: Ohio, District: 4th; [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 5/12/93

2556

Reporting Individual's Name

Michael G. Oxley, M.C.

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Shannon & Luchs Realtors	Spouse Commissions	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name

Michael G. Oxley, M.C.

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
XYZ Magazine	Article	Aug. 13, 1992	$500
United States Telephone Association	Speech	January 2, 1992	1,000.00
Hartford Insurance Group	Speech	February 26, 1992	500.00
Washington Campus	Speech	March 19, 1992	500.00
Non-Prescription Drug Manufacturers Association	Speech	April 30, 1992	1,000.00
American Truckers Association	Speech	May 21, 1992	1,000.00
Kemper Insurance	Speech	May 17, 1992	500.00
Kraft/Phillip Morris	Speech	May 20, 1992	2,000.00
Tobacco Institute } SPLIT GIFT AMOUNT	Speech	June 30, 1992	1,000.00
Tobacco Institute }	Speech	June 30, 1992	1,000.00
American Frozen Food Institute	Speech	September 9, 1992	500.00

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Reporting Individual's Name

Michael G. Oxley, M.C.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
	None	A Less than $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S — ABC Corporation Stock			X								X									X									X
George Wash Credit Union Accounts				X									X									X							
182 Main Street, Dover, Delaware					X							X									X								
Ohio Bank & Savings Co.			X										X								X								
Wright Patman Federal Credit Union			X										X							X									
Diamond Savings			X										X							X									
Northwestern Mutual Life - IRA				X							X																		
Keough Plan (not self-directed) Sovran Bank, Virginia			X										X							X									

For additional assets and unearned income, use next page

Reporting Individual's Name

Michael G. Oxley, M.C.

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	* see attached						

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ASSOCIATION & EVENT	DATES
Puerto Rico, U.S.A. Foundation Dorado, Puerto Rico R/T air fare, lodging & meals for member & wife Conference speaker on finance & manufacturing Dulles/Puerto Rico/Dulles	December 1 - 6
Association of American Railroads Indian Wells, California R/T air fare, lodging & meals for member & wife Conference speaker on energy issues DCA/Palm Springs, CA/CMH	January 24 - 27
GTE Telephone Company Columbus, Ohio R/T air fare, lodging & meal for member & wife Conference speaker on telecommunications issues DCA/Columbus, OH/DCA	September 11
Annual Transatlantic Conference Brussels, Belgium & Paris Delegation trip Ripon Education Fund sponsored R/T air fare & meals for member & wife DCA/Brussels/DCA	November 6 - 14 (travel days Nov. 6 & 14)
Jerry Ford Invitational Charity Golf Tournament Vail, Colorado Air fare, lodging & meals for member Dayton, OH/Denver, CO/Houston, TX Charity golf tournament participant	August 16 - 19
Ameritech Chicago, IL R/T air fare, meals & lodging for member & wife Conference speaker on telecommunications issues DCA/Chicago, IL/DCA	July 14 - 17
Danny Thompson Charity Golf Tournament Sun Valley, Idaho Air fare, lodging & meals for member Houston/Sun Valley, ID/Salt Lake City, UT Charity golf tournament participant	August 20 - 23

ASSOCIATION & EVENT	DATES
Orrin Hatch Charity Event Salt Lake City, UT One-way air fare for member Salt Lake City, UT/Dulles (DC) Charity golf tournament participant	August 23 - 25
Electronics Industry Association Captiva Island, FL R/T air fare, lodging & meals for member & wife Conference speaker on telecommunications issues DCA/Ft. Meyers, FL/DCA	April 13 - 16
Miami Congressional Workshop Key Biscayne, FL Lodging & meals for member & wife Workshop participant on Free Trade & Security issues DCA/Naples/Miami, FL/DCA	January 9 - 12
Congressional Charity Tennis Tournament, Inc. White Sulphur Springs, West VA R/T bus trip, lodging & meals for member & wife Charity tennis tournament participant DCA/West VA/DCA	March 6 - 8
Jack Africk Charity Pro-Am Tennis Tournament Boca Raton, Florida R/T air fare, lodging & meals for member & wife Charity tennis tournament participant DCA/Miami/DCA	January 2 - 4
Chicago Mercantile Exchange Boca Raton, Florida R/T air fare, lodging & meals for member & wife Conference participant on futures industry DCA/Ft. Lauderdale, FL/West Palm, FL/DCA	March 20 - 22
Public Securities Association Phoenix, AZ R/T air fare, lodging & meals for member Conference participant on securities issues DCA/Phoenix/DCA	February 28-March 1

ASSOCIATION	DATES
United States Telephone Association Orlando,FL R/T air fare, lodging & meals for member Conference participant on telecommunications issues DCA/Orlando, FL/DCA	April 23 - 25
Kemper Life Insurance Company Chicago, IL R/T air fare, lodging & meals for member Conference participant on insurance issues DCA/Chicago, IL/DCA	May 17 - 18

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992	FORM A For use by Members, officers, and employees

Ronald C. Packard
(Full Name)

2162 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515-0548 (202)225-3906
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 48	[ ] Officer or Employee — Employing Office:	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

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HAND DELIVERED

(Office Use Only)

2564

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from the report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Ronald C. Packard	5-12-93

Reporting Individual's Name
Ronald C. Packard

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	National Grocers Association/Certified Grocers of Cal. Ltd.	Reception attendance	June 23. 1992	$50.00

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2565

Reporting Individual's Name

Ronald C. Packard

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X								X									X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
JT	1st Nat'l Bank of No. County (stock)							X								X				X										
	Coin Collection				X											X				X										
	Investment Diamonds						X									X				X										
JT	San Luis Rey Property, Oceanside, CA ~~(vacant lot, 180 acres)~~						X									X			(proceeds of sale)						X					XXXX

For additional assets and unearned income, use next page

Page 3 of 5

Schedule III

2566

Reporting Individual's Name
Ronald C. Packard

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
JT	Oceanside, California San Luis Rey Property, purchased by City of Oceanside		X		10-15-92		X					

Reporting Individual's Name
Ronald C. Packard

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	Mylan Laboratories	Jan 24-26	WDC-Ft. Lauderdale-WDC	Y	Y	Nome	N
	Westcas (Western Coalition of Arid States) Conference	Jan 31	DC-Las Vegas	N	N	None	N
	Sinclair Oil Corp.	Jan 31-Feb 2	Las Vegas-San Diego-WDC	N	N	Spouse (DC-S.Diego-DC)	2 days
	American Dental Association	April 3	DC-Chicago-DC	N	N	None	N
	Association of American Railroads Intermodal Policy Conference	Jun 5-8	DC-Salt Lake City-Jackson, WY-Salt Lake City-DC	Y	Y	Spouse	N
	Baylor College of Dentistry	Apr 14-16	Sacramento-Dallas-Palm Sprgs	N	N	None	2 days
	Danny Thompson Memorial Golf Tourn.	Aug 20-22	Salt Lake City-Sun Valley, ID-Salt Lake City	Y	Y	Spouse	N
	Delta Airlines Congressional Challenge	Aug 23-26	Houston-Salt Lake City-San Diego	Y	Y	Spouse	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

(Full Name)
FRANK PALLONE JR.

(Mailing Address)
787 OCEAN AVE UNIT 1801
LONG BRANCH, NJ. 07740

Daytime Telephone:
202-225-4671

Filer Status	[X] Member of the U.S. House of Representatives	State: NJ District: 6th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

mc

HAND DELIVERED
(Office Use Only)

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? If yes, Complete and Attach Schedule I.	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, Complete and Attach Schedule VI.	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, Complete and Attach Schedule II.	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, Complete and Attach Schedule VII.	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, Complete and Attach Schedule III.	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, Complete and Attach Schedule VIII.	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, Complete and Attach Schedule IV.	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? If yes, Complete and Attach Schedule IX.	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, Complete and Attach Schedule V.	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Frank Pallone Jr.

DATE (Month, Day, Year): May 15, 1993

2570

Reporting Individual's Name
Frank Pallone Jr.

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	National Realty Commitee Inc.	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

2571

Reporting Individual's Name
FRANK PALLONE, JR.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)									BLOCK C Income: Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Block D Transaction (X)
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (J/T) in the left column. This column is optional.			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	Less than $201	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	Over $1,000,000	
S, DC, JT	Example: S	ABC Corporation Stock			X								X									X							X
		George Wash. Credit Union Accounts				X									X									X					
		182 Main Street, Dover, Delaware					X							X									X						
S	Chestnut Bank Washington DE - Accounts				X										X							X							
	First Fidelity Bank of N.J. Long Branch, NJ Accounts				X										X					X									
	Congressional Federal Credit Union - Accounts			X											X					X									

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SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Frank Pallone, Jr.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	S	First Maryland Nat Bank, Baltimore, MD																										
		I.R.A. Accounts			X													NA										
	S	Merrill Lynch, Washington DC																										
		S.E.P./IRA Accounts		X														NA.										

2573

Reporting Individual's Name
Frank Pallone Jr.

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Honorary Member of Board	Rainbow Foundation
Honorary Member of Board	Rannay School, Tinton Falls N.J.
Member of Board	Zimmerli Museum Rutgers University

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1992 90-326A (pb)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

(9)

1993 MAY 17 PM 12 01

HAND DELIVERED

mc

(Office Use Only)

Paul Michael (Mike) Parker
(Full Name)

1410 Longworth HOB — 202-225-5865
(Mailing Address) — Daytime Telephone

Washington, D. C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State Mississippi District 4	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL — **DATE (Month, Day, Year)** May 15, 1993

2574

Reporting Individual's Name
Paul Michael (Mike) Parker

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Brookhaven Funeral Home, Inc.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Paul Michael (Mike) Parker

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
KYZ Magazine	Article	Aug. 13, 1992	$500
Phillip Morris, Washington, D. C.	Speech	April 7, 1992	$2,000
The Tobacco Institute, Washington, D. C.	Speech	May 12, 1992	$1,500
The National Federation of Independent Business Colorado Springs, Colorado	Speech	Aug. 13, 1992	$1,000
National Restaurant Association, Washington, D. C.	Filmed Interview	Sept. 10, 1992	$2,000
The National Agri-Chemical Retailers Association Washington, D. C.	Speech	Sept. 15, 1992	$1,000
RJR Nabisco, Washington, D. C.	Speech	Sept. 16, 1992	$2,000
Smokeless Tobacco Council, Washington, D. C.	Speech	Sept. 21, 1992	$1,000

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Reporting Individual's Name

Paul Michael (Mike) Parker

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S ABC Corporation Stock				X								X										X								X
Examples: George Wash. Credit Union Accounts					X									X										X						
Examples: 182 Main Street, Dover, Delaware						X							X										X							
JT	Parker Funeral Home, Inc., Brookhaven				X							X						Distribution of Corp. Sale of assets									X			X
JT	Brookhaven Funeral Ins. Co., Brookhaven	X										X						Distribution of Corp. Sale of assets									X			X
JT	Community Life Ins. Co., Brookhaven	X													X			Sale of Stock									X			X
JT	Land, GFG Farm, Lincoln County, MS							X												X										
JT	Land & Rental Building, 203 W. Congress St., Brookhaven, MS	X													X											X				X
JT	American Funeral Assurance Company Amory, MS (Stock)				X							X									X									

For additional assets and unearned income, use next page

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Paul Michael (Mike) Parker

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) — None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Hominy Ridge, Inc.																												
S	Franklin County, MS (Stock)			X								X							X										
	IRA, Bank of Franklin, Meadville			X										X				NA											
S	IRA, Bank of Franklin, Meadville			X										X				NA											
JT	State Bank Savings Account, Brookhaven, MS				X									X						X									
JT	Trustmark Bank Savings Account, Brookhaven, MS				X									X							X								

Schedule III—Continuation

2578

Reporting Individual's Name
Paul Michael (Mike) Parker

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
JT	Community Life Insurance Co., Brookhaven, MS		X		12-23-1992				X			
JT	Land & Rental Bldg., 203 W. Congress St., Brookhaven, MS		X		12-23-1992			X				
JT	Parker Funeral Home, Inc., Brookhaven, MS		X		12-23-1992					X		
JT	Brookhaven Funeral Ins. Co., Inc., Brookhaven, MS		X		12-23-1992				X			
	Non-Competition Agreement Mike Parker		X		12-23-1992					X		
	Non-Competition Agreement Rosemary Parker		X		12-23-1992					X		

Reporting Individual's Name
Paul Michael (Mike) Parker

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	State Bank, Brookhaven, MS	Mortgage on Rental Property			X				
JT	Trustmark Bank, Brookhaven, MS	Personal Loan		X					

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Reporting Individual's Name

Paul Michael (Mike) Parker

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24-25.

Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
Examples: ABC Corporation	Aug. 6-13	Wash., D.C – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
American Medical Association	Jan. 30 Feb. 02	Washington, DC-Palm Beach, FL-Washington, DC	Y	Y	Spouse	N
Congressional Charity Golf Tourney	Nov. 06 Nov. 08	Washington, DC-White Sulphur Spring, WV-Washington, DC	Y	Y	Son	N
American Bar Association	Jan. 22 Jan. 23	Washington, DC-New York, NY-Washington, DC	Y	Y	Spouse	N
The National Federation of Independent Business	Aug. 13 Aug. 14	Jackson, MS-Colorado Springs CO-Jackson, MS	Y	Y	Spouse	N

This page may be copied if more space is required.

Reporting Individual's Name
Paul Michael (Mike) Parker

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

Positions	Name of Organization
President	Parker Funeral Homes, Inc., Brookhaven, MS
President	Community Life Insurance Company, Inc., Brookhaven, MS
President	Brookhaven Funeral Insurance Company, Inc., Brookhaven, MS

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 28.

Date	Parties To	Terms of Agreement
NA		

GPO 1983 26-838A (pa)

2582

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992	FORM A For use by Members, officers, and employees

Edward Lopez Pastor
(Full Name)

1151 West Thomas Road — 202-225-4065
(Mailing Address) — Daytime Telephone

Phoenix, Arizona 85013

Filer Status	[X] Member of the U.S. House of Representatives — State: Arizona, District: Two	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

(7) HAND DELIVERED
MC
(Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ed Pastor — DATE (Month, Day, Year): 5-11-93

2583

Reporting Individual's Name
Edward Lopez Pastor

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of Arizona, Phoenix, Arizona	Spouse Salary	$46,152
	U. S. House of Representatives, Washington, D.C.	Salary	129,133

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Edward Lopez Pastor

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)										Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
JT	Sende Vista Lot, Guadalupe, AZ		X																X										
JT	Bank One, Phoenix, AZ		X											X							X								
S	AZ State Employees CU IRA., Phx, AZ			X										X							X								
	Bank One - IRA, Phoenix, AZ		X											X							X								
S	AZ State Retirement Plan					X								X				Member Contrib.					X						
	AZ State Retirement Plan				X									X								X							

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Edward Lopez Pastor

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	PEBSCO - Deferred Compensation			x										x			Member Contrib			x								
DC	Bank of America - TCD			x										x						x								
	Central Life Insurance Cash Value			x								x								x								

Schedule III – Continuation

Reporting Individual's Name
Edward Lopez Pastor

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Bank One, Phoenix, Arizona	Home Equity Loan	x						
JT	Bank of America, Phoenix, Arizona	Home Mortgage		x					

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
Edward Lopez Pastor

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	West Mexico Vegetable Distributors Association	Jan 7-10	Tucson - Los Mochis, Mex. - Tucson	Y	Y	None	N
	MexUS Services Corporation	Feb 13-14	Tucson - Hermosillo, Mex - Guaymas, Mex - Tucson	Y	Y	None	N
	Latino Chamber of Commerce of Pueblo, CO	Feb 28 - Mar 01	Round Trip Airfare (Self: DC - Pueblo - DC) (Spouse: Phx - Pueblo - Phx)	Y	Y	Spouse	N
	Arizona State Society	Apr 5 - 12	Round Trip Airfare (Daughter: Phx - DC - Phx)	N	Y	Daughter Only	-
			For participation in 1992 Cherry Blossom Festival				

This page may be copied if more space is required.

Reporting Individual's Name
Edward Lopez Pastor

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States Exclude positions listed on Schedule I. For further information see instructions, page 26.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown

Positions	Name of Organization
Board Member	Arizona State University Alumni Association, Tempe, Arizona
Board Member	National Association of Latino Elected Officials, Washington, D.C.
Board Member	Neighborhood Housing Services of America, Oakland, CA.
Board Member	Phoenix Memorial Hospital Primary Care Board, Phoenix, AZ.

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1983 88-828A (m)

ED PASTOR
2ND DISTRICT ARIZONA

PLEASE REPLY TO
☐ 408 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-0302
(202) 225-4065

COMMITTEE ON APPROPRIATIONS

HAND DELIVERED

☐ 232 EAST MCDOWELL, SUITE 10
PHOENIX, ARIZONA 85004
(602) 258-0551

☐ 2432 E. BROADWAY
TUCSON, ARIZONA 85719
(602) 624-9986

☐ 603 SOUTH FIFTH AVENUE
YUMA, ARIZONA 85364
(602) 329-9151

19

Congress of the United States
House of Representatives

May 13, 1993

1

MC

1993 MAY 14 PM 4:41

Hon. Donnald K. Anderson
Clerk of the House
Office of Records and Registration
1036 Longworth House Office Bldg.
Washington, DC 20515

Dear Mr. Anderson:

I wish to amend my Ethics in Government Act-Financial Disclosure Statement for 1992 which was submitted to the Office of Records and Registration on Wednesday, May 12, 1993. Schedule VIII of the Statement is incomplete as submitted and is to be amended to include the following:

Position:	Name of Organization:
Board Member	Congressional Hispanic Caucus
Board Member	Congressional Hispanic Caucus Institute

Should you have any questions concerning this amendment, please contact either me or Mr. Gene Fisher at extension 5-4065.

Your cooperation in this regard is truly appreciated.

Sincerely,

Ed Pastor
Member of Congress

EP/gf

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
MAY 19 PM 9 59

(12)

MAY 17 1993

MC

(Office Use Only)

Bill Paxon
(Full Name)

251 Wedgewood Drive Williamsville NY 14221
(Mailing Address)

Daytime Telephone: 716/689-8411 (Home)
716/634-2324 (Office)

Filer Status	[X] Member of the U.S. House of Representatives	State: NY District: 31	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [ ]	No [X]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) May 15, 1993

2591

Reporting Individual's Name
Bill Paxon

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U. S. House of Representatives (VOLUNTARILY DISCLOSED)	Salary	129,500

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)									BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X								X								X
			George Wash. Credit Union Accounts				X								X									X					
			182 Main Street, Dover, Delaware					X						X									X						
	Thrift Savings Retirement Plan (VOLUNTARILY DISCLOSED $47,213.49)					X																		X					
	Mellon Mortgage Escrow Account (VOLUNTARILY DISCLOSED $2330)				X										X					X									
	1987 Pontiac 6000 (VOLUNTARILY DISCLOSED $1,500)				X																								
	Personal Residence/251 Wedgewood (VOLUNTARILY DISCLOSED ESTIMATED VALUE $155,000)							X																					

For additional assets and unearned income, use next page

Reporting Individual's Name: Bill Paxon

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Mellon Mortgage, Houston, Texas (VOLUNTARILY DISCLOSED RESIDENCE	Mortgage on Personal Residence 251 Wedgewood, Williamsville				X			
	$126,263.53)								

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
Bill Paxon

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	American Israel Education Foundation	1/7 to 1/14	Buffalo NY to Israel and return to Buffalo	Y	Y	None	N
	(VOLUNTARILY DISCLOSED $2,900)						

This page may be copied if more space is required.

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Form **1040** Department of the Treasury-Internal Revenue Service
U.S. Individual Income Tax Return 1992

COPY

IRS use only-Do not write or staple in this space

For the year January-December 31 1992 or other tax year beginning 1992, ending 19 | OMB No 1545-0074

Your first name and initial	Last name	Your social security number
L. WILLIAM	PAXON	[redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security no.

Home address (number and street) If you have a P.O. box, see page 10. | Apt no

251 WEDGEWOOD

City, town or post office, state, and ZIP code. If you have a foreign address, see page 10

WILLIAMSVILLE NEW YORK 14221

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Presidential Election Campaign PAXO

Do you want $1 to go to this fund? Yes [ ] No [X]
If joint return, does your spouse want $1 to go to this fund? Yes [ ] No [ ]

Note: *Checking "Yes" will not change your tax or reduce your refund.*

Filing Status (See page 10.) Check only one box.

1 [X] Single
2 [ ] Married filing joint return (even if only one had income)
3 [ ] Married filing separate return. Enter spouse's social security number above and full name here. ▶
4 [ ] Head of household (with qualifying person). (See page 11.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 [ ] Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 11.)

Exemptions (See page 11.)

6a [X] **Yourself.** If your parents (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33a on page 2.
b [ ] Spouse

No. of boxes checked on 6a and 6b: 1

c Dependents:

(1) Name (first, initial, and last name)	(2) Check if under age 1	(3) If age 1 or older, dependent's social security number	(4) Dependent's relationship to you	(5) No. of months lived in your home in 1992

If more than six dependents, see page 12.

No. of your children on 6c who:
● lived with you
● didn't live with you due to divorce or separation (see page 13)
No. of other dependents on 6c

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ [ ]
e Total number of exemptions claimed

Add numbers entered on lines above ▶ 1

Income

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

If you did not get a W-2, see page 9.

Attach check or money order on top of any Forms W-2, W-2G, or 1099-R.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7 120,409.
8a	Taxable interest income. Attach Schedule B if over $400		8a 50.
b	Tax-exempt interest income (see pg. 15). DON'T include on line 8a	8b	
9	Dividend income. Attach Schedule B if over $400		9
10	Taxable refunds, credits, or offsets of state and local income taxes from worksheet on page 16		10 358.
11	Alimony received		11
12	Business income or (loss). Attach Schedule C or C-EZ		12
13	Capital gain or (loss). Attach Schedule D		13
14	Capital gain distributions not reported on line 13 (see page 15)		14
15	Other gains or (losses). Attach Form 4797		15
16a	Total IRA distributions	16a	b Taxable amount 16b
17a	Total pensions and annuities	17a	b Taxable amount 17b
18	Rents, royalties, partnerships, estates, trusts, etc. Attach Schedule E		18
19	Farm income or (loss). Attach Schedule F		19
20	Unemployment compensation (see page 17)		20
21a	Social security benefits	21a	b Taxable amount 21b
22	Other income. List type and amount		22
23	Add the amounts in the far right column for lines 7 through 22. This is your **total income** ▶		23 120,817.

Adjustments to Income (See page 18.)

24a	Your IRA deduction from applicable worksheet on page 19 or 20	24a	[redacted]
b	Spouse's IRA deduction from applicable worksheet on page 19 or 20	24b	[redacted]
25	One-half of self-employment tax (see page 20)	25	[redacted]
26	Self-employed health insurance deduction, from worksheet on pg. 20	26	[redacted]
27	Keogh retirement plan and self-employed SEP deduction	27	[redacted]
28	Penalty on early withdrawal of savings	28	[redacted]
29	Alimony paid. Recipient's SSN ▶	29	[redacted]
30	Add lines 24a through 29		▶ 30

Adjusted Gross Income

31 Subtract line 30 from line 23. This is your **adjusted gross income.** *If this amount is less than $22,370 and a child lived with you, see page EIC-1 to find out if you can claim the "Earned Income Credit" on line 56* ▶ 31 120,817.

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Form 1040 (1992)

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L. WILLIAM PAXON 115-46-3307

Form 1040 (1992) Page 2

Tax Computation	32	Amount from line 31 (adjusted gross income)	32 120,817.
	33a	Check if: [ ] You were 65 or older, [ ] Blind, [ ] Spouse was 65 or older, [ ] Blind. Add the number of boxes checked above and enter the total here ▶ 33a	
	b	If your parent (or someone else) can claim you as a dependent, check here ▶ 33b [ ]	
(See page 22.)	c	If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 22 and check here ▶ 33c [ ]	
	34	Enter the larger of your: Itemized deductions from Schedule A, line 26 OR Standard deduction shown below for your filing status. But if you checked any box on line 33a or b, go to page 22 to find your standard deduction. If you checked box 33c, your standard deduction is zero. • Single — $3,600 • Head of household — $5,250 • Married filing separately — $3,000 • Married filing jointly or Qualifying widow(er) — $6,000	34 32,781.
	35	Subtract line 34 from line 32	35 88,036.
	36	If line 32 is $78,950 or less, multiply $2,300 by the total number of exemptions claimed on line 6e. If line 32 is over $78,950, see the worksheet on page 23 for the amount to enter	36 1,978.
	37	**Taxable income.** Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	37 86,058.
If you want the IRS to figure your tax, see page 23.	38	Enter tax. Check if from a [X] Tax Table, b [ ] Tax Rate Schedules, c [ ] Schedule D, or d [ ] Form 8615 (see page 23). Amount, if any, from Form(s) 8814 ▶ e	38 22,338.
	39	Additional taxes (see page 23). Check if from a [ ] Form 4970 b [ ] Form 4972	39
	40	Add lines 38 and 39 ▶	40 22,338.
Credits	41	Credit for child and dependent care expenses. Attach Form 2441 — 41	
	42	Credit for the elderly or the disabled. Attach Schedule R — 42	
	43	Foreign tax credit. Attach Form 1116 — 43	
(See page 23.)	44	Other credits (see pg. 24). Check if from a [ ] Form 3800 b [ ] Form 8396 c [ ] Form 8801 d [ ] Form (specify) — 44	
	45	Add lines 41 through 44	45
	46	Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- ▶	46 22,338.
Other Taxes	47	Self-employment tax. Attach Schedule SE. Also, see line 25	47
	48	Alternative minimum tax. Attach Form 6251	48
	49	Recapture taxes (see page 25). Check if from a [ ] Form 4255 b [ ] Form 8611 c [ ] Form 8828	49
	50	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	50
	51	Tax on qualified retirement plans, including IRAs. Attach Form 5329	51
	52	Advance earned income credit payments from Form W-2	52
	53	Add lines 46 through 52. This is your **total tax** ▶	53 22,338.
Payments	54	Federal income tax withheld. If any is from Form(s) 1099, check ▶ [ ] — 54 24,736.	
Attach Forms W-2, W-2G, and 1099-R to front.	55	1992 estimated tax payments and amount applied from 1991 return — 55	
	56	Earned income credit. Attach Schedule EIC — 56	
	57	Amount paid with Form 4868 (extension request) — 57	
	58	Excess social security, Medicare, and RRTA tax withheld (see page 26) — 58	
	59	Other payments (see page 26). Check if from a [ ] Form 2439 b [ ] Form 4136 — 59	
	60	Add lines 54 through 59. These are your **total payments** ▶	60 24,736.
Refund or Amount You Owe	61	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you **OVERPAID** ▶	61 2,398.
	62	Amount of line 61 you want **REFUNDED TO YOU** ▶	62 2,398.
Attach check or money order on top of Form(s) W-2, etc., on the front.	63	Amount of line 61 you want **APPLIED TO YOUR 1993 ESTIMATED TAX** ▶ 63	
	64	If line 53 is more than line 60, subtract line 60 from line 53. This is the **AMOUNT YOU OWE**. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1992 Form 1040" on it	64
	65	Estimated tax penalty (see page 27). Also include on line 64 — 65	

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this return for your records.

Your signature — Date — Your occupation: CONGRESSMAN

Spouse's signature (if joint return, BOTH must sign) — Date — Spouse's occupation

Paid Preparer's Use Only

Preparer's signature: COPY — Date: 02/16/93 — Check if self-employed [ ] — Preparer's social security no.: 108-34-5209

Firm's name (or yours if self-employed) and address: Campbell, Bolas and Associates, 10535 Main Street P.O. Box X, Clarence, New York — E.I. No. 16-1047035 — ZIP code 14031

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SCHEDULES A&B (Form 1040)
Department of the Treasury Internal Revenue Service

Schedule A – Itemized Deductions

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

OMB No 1545-0074
1992
Attachment Sequence No 07

Name(s) shown on Form 1040: L. WILLIAM PAXON

Your social security number: [redacted]

Medical and Dental Expenses		Caution: *Do not include expenses reimbursed or paid by others.*			
	1	Medical and dental expenses. (see page A-1) *	1	948.	
	2	Enter amount from Form 1040, line 32 [2] 120,817.			
	3	Multiply line 2 above by 7.5% (.075)	3	9,061.	
	4	Subtract line 3 from line 1. If zero or less, enter -0- ▶			4 0.
Taxes You Paid (See page A-1.)	5	State and local income taxes	5	8,080.	
	6	Real estate taxes (see page A-2)	6	4,215.	
	7	Other taxes. List—include personal property taxes ▶	7		
	8	Add lines 5 through 7 ▶			8 12,295.
Interest You Paid (See page A-2.)	9a	Home mortgage interest and points reported to you on Form 1098	9a	12,068.	
	b	Home mortgage interest not reported to you on Form 1098. If paid to an individual, show that person's name and address. ▶	9b		
Note: Personal interest is not deductible.	10	Points not reported to you on Form 1098. See page A-3 for special rules	10		
	11	Investment interest. If required, attach Form 4952. (See page A-3.)	11		
	12	Add lines 9a through 11 ▶			12 12,068.
Gifts to Charity (See page A-3.)		Caution: *If you made a charitable contribution and received a benefit in return, see page A-3.*			
	13	Contributions by cash or check	13	7,475.	
	14	Other than by cash or check. If over $500, you MUST attach Form 8283	14		
	15	Carryover from prior year	15		
	16	Add lines 13 through 15 ▶			16 7,475.
Casualty and Theft Losses	17	Casualty or theft loss(es). Attach Form 4684. (See page A-4.) ▶			17
Moving Expenses	18	Moving expenses. Attach Form 3903 or 3903F. (See page A-4.) ▶			18
Job Expenses and Most Other Miscellaneous Deductions (See page A-5 for expenses to deduct here.)	19	Unreimbursed employee expenses - job travel, union dues, job education, etc. If required, you MUST attach Form 2106. (See page A-4.) ▶	19		
	20	Other expenses—investment, tax preparation, safe deposit box, etc. List type and amount ▶ See Schedule #2	20	3,826.	
	21	Add lines 19 and 20	21	3,826.	
	22	Enter amount from Form 1040, line 32 [22] 120,817.			
	23	Multiply line 22 above by 2% (.02)	23	2,416.	
	24	Subtract line 23 from line 21. If zero or less, enter -0- ▶			24 1,410.
Other Miscellaneous Deductions	25	Other—from list on page A-5. List type and amount ▶			25
Total Itemized Deductions	26	Is the amount on Form 1040, line 32, more than $105,250 (more than $52,625 if married filing separately)? ● NO. Your deduction is not limited. Add lines 4, 8, 12, 16, 17, 18, 24, and 25. ● YES. Your deduction may be limited. See page A-5 for the amount to enter. ▶			26 12,781.
		Caution: *Be sure to enter on Form 1040, line 34, the* LARGER *of the amount on line 26 above or your standard deduction.*			

Audited by SAGI

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 1992

* See Schedule #1

10

L. WILLIAM PAXON 15879

SCHEDULE 1 - Medical and Dental Expenses

Description	Amount
Doctors, Dentists & Nurses	572
Medical Insurance Premiums	376
	948

SCHEDULE 2 - Other Expenses Subject to 2% Limit

Description	Amount
Tax Return Preparation Fee	691
MEALS & LODGING WHILE IN DC	3,000
DRUG TEST PROGRAM	105
NOTARY FEE	30
	3,826

2600

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New York State Department of Taxation and Finance

1992

Resident Income Tax Return IT-201

New York State • City of New York • City of Yonkers

COPY

For the year Jan. 1—Dec. 31, 1992, or fiscal tax year beginning 1992, ending , 19

For office use only

Attach label or print or type

Last name: PAXON, L. WILLIAM

First name and middle initial (if joint return, enter both names)

Your social security number: [redacted]

Mailing address (number and street or rural route): 251 WEDGEWOOD

Apartment number

Spouse's social security number

City, village or post office: WILLIAMSVILLE

State: NEW YORK

ZIP code: 14221

NY State county of residence: ERIE

In the space below, print or type your permanent home address within New York State if it is not the same as your mailing address above (see instructions, page 20).

Permanent home address (number and street or rural route)

Apartment number

School district name: WILLIAMSVILLE

School district code number: 706

City, village or post office

State: NY

ZIP code

If taxpayer is deceased enter first name and date of death.

(A) Filing status – check one box

Clip check or money order here.

- (1) [X] Single
- (2) [ ] Married filing joint return (enter spouse's social security number above)
- (3) [ ] Married filing separate return (enter spouse's social security number above)
- (4) [ ] Head of household (with qualifying person)
- (5) [ ] Qualifying widow(er) with dependent child

(B) Did you itemize your deductions on your 1992 federal income tax return? Yes [X] No [ ]

(C) Can you be claimed as a dependent on another taxpayer's federal return? Yes [ ] No [X]

(D) If you do not need forms mailed to you next year, check box. [X]

(E) Enter the number of exemptions claimed from your federal return, line 6e: 1

Enter your income items and total adjustments exactly as they appear on your federal return (see instructions, page 10).

Federal Income and Adjustments

1	Wages, salaries, tips, etc	1	120,409.
2	Taxable interest income	2	50.
3	Dividend income	3	
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24 below)	4	358.
5	Alimony received	5	
6	Business income or (loss) (attach copy of federal Schedule C or C-EZ, Form 1040)	6	
7	Capital gain or (loss) (attach copy of federal Schedule D, Form 1040)	7	
8	Capital gain distributions not reported on line 7	8	
9	Other gains or (losses) (attach copy of federal Form 4797)	9	
10	Taxable amount of IRA distributions	10	
11	Taxable amount of pensions and annuities	11	
12	Rents, royalties, partnerships, estates, trusts, etc. (attach copy of federal Schedule E, Form 1040)	12	
13	Farm income or (loss) (attach copy of federal Schedule F, Form 1040)	13	
14	Unemployment compensation	14	
15	Taxable amount of social security benefits (also enter on line 25 below)	15	
16	Other income (see instructions, page 10) Identify:	16	
17	Add lines 1 through 16	17	120,817.
18	Total federal adjustments to income (see instructions, page 10) Identify:	18	
19	**Subtract line 18 from line 17. This is your federal adjusted gross income**	19	120,817.

New York Adjusted Gross Income

	New York Additions: (see instructions, page 11)				
20	Interest income on state and local bonds (but not those of New York State and local governments within the state)			20	
21	Public employee 414(h) retirement contributions (see instructions, page 11)			21	
22	Other (see instructions, page 11) Identify:			22	
23	Add lines 19 through 22			23	120,817.
	New York Subtractions: (see instructions, page 12)				
24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4 above)	24	358.		
25	Taxable amount of social security benefits (from line 15 above)	25			
26	Interest income on U.S. government bonds	26			
27	Pension and annuity income exclusion	27			
28	Other (see instructions, page 13) Identify:	28			
29	Add lines 24 through 28			29	358.
30	**Subtract line 29 from line 23. This is your New York adjusted gross income** (If you claimed the standard deduction on your federal return, skip lines 31 through 45 and enter the line 30 amount on line 46 on page 2.)			30	120,459.

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PAXON, L. WILLIAM [redacted]

If you itemized your deductions on federal Form 1040, fill in lines 31 through 45 and continue on line 46

Tax Computation

31	Medical and dental expenses *(from federal Schedule A, line 4)*	31	
32	Taxes you paid *(from federal Schedule A, line 8)*	32	12,295.
33	Interest you paid *(from federal Schedule A, line 12)*	33	12,068.
34	Gifts to charity *(from federal Schedule A, line 18)*	34	7,475.
35	Casualty and theft losses *(from federal Schedule A, line 17)*	35	
36	Moving expenses *(from federal Schedule A, line 18)*	36	
37	Job expenses and most other miscellaneous deductions *(from federal Schedule A, line 24)*	37	1,410.
38	Other miscellaneous deductions *(from federal Schedule A, line 25)*	38	
39	Total itemized deductions *(from federal Schedule A, line 26)* Limited	39	32,781.
40	State, local and foreign income taxes and other subtraction adjustments *(see next page 14)*	40	8,080.
41	Subtract line 40 from line 39	41	24,701.
42	Addition adjustments *(see instructions, page 15)*	42	
43	Add lines 41 and 42	43	24,701.
44	Itemized deduction adjustment *(if line 30 is more than $100,000, see instructions, page 15; all others enter "0" on line 44)*	44	2,526.
45	**Subtract line 44 from line 43.** This is your itemized deduction	45	22,175.
46	Enter the amount from line 30 on page 1 *(this is your New York adjusted gross income)*	46	120,459.
47	Check appropriate box and enter the larger of: [ ] your **standard deduction** from instructions, page 15 OR [X] your **itemized deductions** from line 45	47	22,175.
48	Subtract line 47 from line 46	48	98,284.
49	Dependent exemptions *(from line c of Dependent Exemption Worksheet, instructions page 15)*	49	00
50	**Subtract line 49 from line 48.** This is your taxable income	50	98,284.
51	New York State tax on line 50 amount *(If line 46 above is $100,000 or less, use the* **NY State Tax Table** *on yellow pages 29 through 36. If line 46 is more than $100,000, you must complete the* **Tax Computation Worksheet** *1 or 2 on page 16 of the instructions to figure your tax.)*	51	7,528.

Credits/Other Taxes/Gift/Totals

52	NY State child and dependent care credit ● number of qualifying persons [ ] cared for in 1992 [ ] x 20% (.20) = ● amount of federal credit for child and dependent care	52		
53	New York State household credit *(from Table I, II, or III, instructions page 16)*	53	0.	
54	Other New York State credits *(from Form IT-201-ATT, line 7, attach form)*	54		
55	Add lines 52, 53, and 54			55
56	Subtract line 55 from line 51 *(if line 55 is more than line 51, enter "0")*			56 7,528.
57	Other New York State taxes *(from Form IT-201-ATT, line 16; attach form)*			57
58	**Add lines 56 and 57.** This is the total of your New York State taxes			58 7,528.
59	City of New York resident tax *(use* **City of NY Tax Table** *on white pages 37-44)*	59		
60	City of NY household credit *(from Table IV, V or VI, page 17)*	60		
61	Subtract line 60 from line 59 *(If line 60 is more than line 59, enter "0")*	61	0.	
62	City of New York nonresident earnings tax *(attach Form NYC-203)*	62		
63	Other city of New York taxes *(from Form IT-201-ATT, line 21, attach form)*	63		
64	City of Yonkers resident income tax surcharge *(from Yonkers worksheet, page 18)*	64		
65	City of Yonkers nonresident earnings tax *(attach Form Y-203)*	65		
66	Part-year city of Yonkers resident income tax surcharge *(attach Form IT-360.1)*	66		
67	**Add lines 61 through 66.** This is the total of your city of New York and city of Yonkers taxes			67
68	If you want to Return a Gift to Wildlife, enter amount: $5, $10, $20, other *(see instructions, pages 8 and 18)*			68 00
69	**Add lines 58, 67 and 68.** This is the total of your New York State, city of New York and city of Yonkers taxes, and Gift to Wildlife			69 7,528.

See instructions for figuring city of New York taxes and city of Yonkers taxes.

Mail your completed return to:
NYS Income Tax
W. A. Harriman Campus
Albany NY 12227-0125

Payments

70	Real property tax credit *(from Form IT-214, line 17; attach form)*	70	
71	Total New York State tax withheld *(staple wage and tax statements)*	71	8,080.
72	Total city of New York tax withheld *(staple wage and tax statements)*	72	
73	Total city of Yonkers tax withheld *(staple wage and tax statements)*	73	
74	Estimated tax paid/Amount paid with Form IT-370	74	
75	**Add lines 70 through 74.** This is the total of your payments		75 8,080.

Staple your wage and tax statements at the top of page 2 of this return. See Step 7, page 20, for the proper assembly of your return and attachments.

Refund/Owe

76	If line 75 is more than line 69, subtract line 69 from line 75 and enter amount overpaid *(also complete line 77 or 78, or both)*		76 552.
77	Amount of line 76 to be refunded to you		77 552.
78	Amount of line 76 to be applied to your 1993 estimated tax	78	
79	If line 75 is less than line 69, subtract line 75 from line 69 and enter amount you owe *(do not send cash; make check or money order payable to* **NY State Income Tax**; *write your social security number and "1992 Income Tax" on it)*		79
80	Estimated tax penalty *(will reduce line 76 or increase line 79; see instructions, page 20)*	80	

Sign your return below

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed [ ]	Sign Your Return	Your signature	Date
	Firm's name (or yours, if self-employed) and address	02/16/93	Preparer's S.S. number		Spouse's signature (if joint return)	Date
	Campbell, Bolas and Associates 10535 Main Street P.O. Y Clarence New York 14031		108-34-5209 E.I. number 16-1047035			

COPY

32P922 8-15-92

1 Control number		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. OMB No 1545-0008

2 Employer's name, address, and ZIP code	6 Statutory employee ☐ Deceased ☐ Pension plan ☒ Legal rep. ☐ 942 emp. ☐ Subtotal ☐ Deferred compensation ☒ Void ☐
SERGEANT AT ARMS U.S. HOUSE OF REPRESENTATIVES WASHINGTON DC 20515	7 Allocated tips .00 / 8 Advance EIC payment .00
	9 Federal income tax withheld 24736.43 / 10 Wages, tips, other compensation 120409.37
3 Employer's identification number 53-6002522 / 4 Employer's state I.D. number 53-6002522	11 Social security tax withheld 3441.03 / 12 Social security wages 55500.00
5 Employee's social security number [redacted]	13 Social security tips .00 / 14 Medicare wages and tips 120131.37
10 Employee's name, address, and ZIP code BILL PAXON U.S. HOUSE OF REPRESENTATIVES WASHINGTON, DC 20515	15 Medicare tax withheld 1872.44 / 16 Nonqualified plans .00
	17 See instrs. for Box 17 D 8724.00 .00 .00 / 18 Other .00 .00 .00
20 [redacted] / 21 [redacted]	22 Dependent care benefits .00 / 23 Benefits included in Box 10 .00

24 State income tax	25 State wages, tips, etc.	26 Name of state	27 Local income tax	28 Local wages, tips, etc.	29 Name of locality
3079.60	120409.37	NY	.00	.00	

Copy C For EMPLOYEE'S RECORDS (See Notice on back.) IRS APP. Dept. of the Treasury—Internal Revenue Service

Form **W-2 Wage and Tax Statement 1992**

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
MAY 19 8 13

Donald Milford Payne
(Full Name)

19 Bock Avenue
(Mailing Address)

Newark, New Jersey 07112

Daytime Telephone 202-225-3436

(7)

MAY 18 1993
MC
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State NJ District 10	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Donald M. Payne	May 17, 1993

2603

Reporting Individual's Name

Donald M. Payne

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	Tyson Foods, Springdale, AR	Speech	2-28-92	$2,000

This page may be copied if more space is required.

Schedule II

Reporting Individual's Name: Donald M. Payne

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)										Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $100,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	162 Main Street, Dover, Delaware					X							X									X						
	Conrail Stock			X							X	X									X							
	First Fidelity Bancorp Stock			X								X								X								
	Copeland Companies Pension Plan				X																							
	Shearson Lehman Bros. IRA				X																							
	19 Bock Ave., Newark, NJ					X							X									X						X
	Merck & Co. Stock			X								X								X								X

For additional assets and unearned income, use next page

Reporting Individual's Name
Donald M. Payne

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	19 Bock Avenue, Newark, NJ	X			5-92				X			
	Merck & Co. Stock	X			5-28-92	X						

Reporting Individual's Name: Donald M. Payne

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	First Fidelity Bank, Newark, NJ	Mortgage on 19 Bock Ave, Newark			X				

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name

Donald M. Payne

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	National Urban League	July 24-28	Wash.-San Diego-Wash.	N	N	None	None
	African American Institute	July 18-23	Wash-Ethiopia-Wash	Y	Y	None	None
	IUE - Int'l Union of Electr	Nov.21-23	Wash.-Miami-Newark	Y	Y	None	None

This page may be copied if more space is required.

Reporting Individual's Name
Donald M. Payne

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Board of Directors	U.S. Committee for UNICEF
Board of Trustees	Newark Boys' and Girls' Clubs
Board of Directors	Newark Day Center
Board of Directors	Newark YMWCA
Board of Directors	Congressional Award Foundation
Board of Directors	UNA-USA New Jersey Chapter

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1992 50-534A (#4)

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992	FORM A For use by Members, officers, and employees

MAY 17 11:49

LEWIS F. PAYNE, JR.
(Full Name)

19 SAWMILL CREEK ROAD
(Mailing Address) Daytime Telephone

WINTERGREEN, VA 22958

(10) HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State: VA District: 5TH	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

MC (Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Lewis F. Payne Jr.	May 17, 1993

2610

Reporting Individual's Name

LEWIS F. PAYNE, JR

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	PAYNE, ROSS AND ASSOCIATES ADVERTISING, INC.	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

LEWIS F. PAYNE, JR.

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
None				

This page may be copied if more space is required.

Reporting Individual's Name

LEWIS F. PAYNE, JR.

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X									X								X
			George Wash. Credit Union Accounts			X									X									X						
			182 Main Street, Dover, Delaware					X						X									X							
JT	CENTRAL FIDELITY BANK ACCOUNTS						X								X						X									
	L.F. PAYNE FOR CONGRESS CAMPAIGN LOAN						X								X											X				
	ALEX BROWN - BOND						X								X								X							
	FIDELITY INVESTMENT PORTFOLIO BONDS					X							X										X							
	APEX MUNICIPAL FUND BONDS		X										X								X									SOLD
	VA. STATE TRANSPORTATION BONDS		X											X								X								SOLD

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: LEWIS F. PAYNE, JR.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	NORTHERN VA. TRANSPORTATION DI-BOARDS	X												X						X								SOLD
	BANK ONE				X							X		X						X								PURCHASE SOLD
	WINTERGREEN HOMESITE 174 CHESTNUT SPRINGS - LOT				X													X										
	CONDO-RENTAL PROPERTY 12-3RD ST., NE, WASHINGTON, D.C.							X					X										X					
JT	CRESTAR BANK - IRA				X									X				X										
	EQUIPMENT RENTAL C S EQUIPMENT TRUST, SANMATEO, CA	X											X					X										
	ONE CITY PLACE LIMITED PARTNERSHIP 17% OWNERSHIP; OWNERS ONE CITY PLACE OFFICE BLDG. REAL ESTATE					X							X				LIMITED PARTNER	X										
	GREAT PLAINS PARTNERSHIP, 1.6% OWNERSHIP OWNING OFFICE BLDG - REAL ESTATE						X						X				LIMITED PARTNER	X										
	206 E. JEFFERSON ST. - 50% OWNERSHIP OWNING OFFICE BLDG. - REAL ESTATE				X								X				GENERAL PARTNER	X										
	CHESAPEAKE TRADING PARTNERSHIP 25% OWNERSHIP BUSINESS & SALES OWNING OFFICE EQUIPMENT			X													LIMITED PARTNER	X										
	GRAND BANKS PARTNERSHIP 17% OWNERSHIP PRODUCING GAS & OIL			X													LIMITED PARTNER	X										
	ML LEE ACQUISITION FUND-.004 LTD. PARTNERSHIP OWNING BONDS, & NOTES				X							X		X	X		LIMITED PARTNER			X								
	WINTERGREEN DEVELOPMENT INC 15.5% OWNERSHIP SELLING REAL ESTATE AT WINTERGREEN									X							"S" CORPORATION	X										
	BEAR SCRATCH PARTNERS - 50% OWNERSHIP OWNING REAL ESTATE IN NELSON, CO VA			X													GENERAL PARTNER	X										
	L.F. PAYNE RETIREMENT TRUST							X									TRUST DISTRIBUTION						X					

Reporting Individual's Name
LEWIS F. PAYNE, JR.

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	APEX MUNICIPAL BONDS		X		3-17-92	X						
	VA. STATE TRANSPORTATION MUNICIPAL BONDS		X		3-18-92		X					
	NORTHERN VIRGINIA TRANSPORTATION DT MUNICIPAL BONDS		X		3-16-92	X						
	BANK ONE - 200 SH. COMPAQ COMPUTER CORP.	X			1-13-92	X						
	BANK ONE - 200 SH. COMPAQ COMPUTER CORP.		X		1-14-92	X						
	BANK ONE - 400 SH. SA SPONSORED ADR	X			1-1-92	X						
	BANK ONE - 300 SH. DATA GEN. CORP.	X			1-1-92	X						
	BANK ONE - 300 SH. DATA GEN. CORP.		X		2-21-92	X						
	BANK ONE - 100 SH. CHESAPEAKE CORP.	X			4-1-92	X						
	WINTERGREEN INVESTORS PARTNERSHIP		X		12-31-91	X						
	BANK ONE - 400 SH. SA SPONDORED ADR		X		1-21-92	X						

Reporting Individual's Name

LEWIS F. PAYNE, JR.

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	CRESTAR BANK – CHARLOTTESVILLE, VA	LINE OF CREDIT		X					
	CENTRAL FIDELITY BANK, CHARLOTTESVILLE, VA	LINE OF CREDIT			X				
	CENTRAL FIDELITY BANK, CHARLOTTESVILLE, VA	MORTGAGE ON DC CONDO 12 3rd St., NE, Wash., DC				X			

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Reporting Individual's Name

LEWIS F. PAYNE, JR.

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	ASSN. OF AMERICAN RAILROADS	JUNE 5-8	Airfare and ground transportation from Wash., DC to Jackson, WY for Railroad and Highway Policy Conference and return (round trip)	Y	Y	SPOUSE	No

This page may be copied if more space is required.

Reporting Individual's Name
LEWIS F. PAYNE, JR.

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
SEE	
ATTACHED	
PAGE	

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO: 1985 50-535A (pm)

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LEWIS F. PAYNE, JR.

POSITIONS:

MEMBER, BOARD OF DIRECTORS	NATURE CONSERVANCY - ST. OF VA.
LIMITED PARTNER	GREAT PLAINS PARTNERSHIP
LIMITED PARTNER	CHESAPEAKE TRADING CO., LTD.
GENERAL PARTNER	206 EAST JEFFERSON ST.
LIMITED PARTNER	ML - LEE ACQUISITION FUND
LIMITED PARTNER	GRAND BANKS, LTD.
GENERAL PARTNER	BEAR SCRATCH PARTNERS
LIMITED PARTNER	ONE CITY PLACE, LTD.
MEMBER, BOARD OF DIRECTORS	NELSON COUNTY COMMUNITY DEVELOPMENT FOUNDATION
MEMBER, BOARD OF DIRECTORS	UVA REAL ESTATE FOUNDATION
MEMBER, BOARD OF DIRECTORS	AVERETT COLLEGE
MEMBER, BOARD OF DIRECTORS	WINTERGREEN DEVELOPMENT,
MEMBER, BOARD OF DIRECTORS	PATRICK HENRY BOYS HOME

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992	FORM A For use by Members, officers, and employees

Nancy Pelosi
(Full Name)

2640 Broadway
(Mailing Address) Daytime Telephone

San Francisco, CA 94115

Filer Status	XX Member of the U.S. House of Representatives	State California District Eighth	Officer or Employee	Employing Office.
Report Type	XX Annual (May 15)	Amendment	Termination	Termination Date:

1993 MAY 21 PM 11:25

MAY 17 1993

MC (12)
(Office Use Only)

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PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes ☐	No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes ☐	No ☒	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes ☒	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes ☒	No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes ☒	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes ☒	No ☐	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes ☐	No ☒
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Nancy Pelosi	5/16/93

Reporting Individual's Name

Nancy Pelosi

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
Nancy Pelosi		(none)	
Spouse:			
	Financial Leasing Services, Inc.	Salary	N/A
	Carey Associates	Management Fee	N/A
	Dancoor, Inc.	Commission	N/A
	Solar Micro Utility "P"	Management Fee	N/A
	Potomac Investment Associates	Management Fee	N/A

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

Nancy Pelosi

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude. Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income															Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X							X									X							X
			George Wash. Credit Union Accounts				X								X									X					
			182 Main Street, Dover, Delaware					X						X									X						
S	Adit Partners, San Francisco, CA Public common stock fund								X							X	X									X			
S	American Security Bank, Washington, DC Savings account					X										X								X					
S	Ashlar, Inc., Sunnyvale, CA Common Stock							X																					

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Nancy Pelosi

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset – Year End Value (X): A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income – Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
S	Auberge du Soleil, Ltd., Rutherford, CA Owns and operates hotel resort								X				X	X										X					
S	Bank of America, San Francisco, CA Savings account				X									X							X								
S	Bedford Hotel Assoc., San Francisco, CA Owns Hotel					X							X	X								X							
JT	B.F. Enterprises Public common stock					X																							
S	Borel Estate Company Owns shopping Center						X						X	X									X						
S	Carey Associates, L.P, San Francisco, CA Limousine Business									X		X		X												X			
S	Carey International, Washington, DC Common and preferred stock						X					X												X					
S	Castelle, Inc., Santa Clara, CA Common stock					X								X						X									X
S	Charlottetown Assoc., L.P., Charlotte, NC Owns office building on Baxter St.			X																									

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Nancy Pelosi

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S	Container Programs, Inc., San Francisco, CA Equipment leasing company								X																			
S	Convest Energy Corp. Public common stock		X																									
	Congressional Credit Union Washington, DC			X										X						X								
S	Entertainment Express, S. San Francisco, CA Operates cable television service						X																					
S	Financial Leasing Services, Inc. San Francisco, CA Leasing and investment company								X																			
S	Forty-five Belden Corp., San Francisco, CA General Partner of Carey Assoc.								X			X												X			
	Franchise Tax Board, Sacrament, CA Refund													X								X						
S	Grantline 208, L.P., Sacrament, CA 208 acres raw land							X																				

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Nancy Pelosi

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
JT	Genway Corp., Chicago, IL Common stock, grantor trust			X								X											X						
S	Juliana Hotel Assoc., San Francisco, CA Owns hotel				X								X	X									X						
S	McGrath RentCorp Public common stock							X				X												X					X
S	Microtest, Inc. Common stock		X																										X
S	Mosher Partners, L.P., Sacramento, CA 550 acres raw land					X																							
S	Nautilus Leasing Services Container leasing company				X																								
S	Nine Hundred One Battery, Ltd. San Francisco, CA Owns office building			X								X										X							

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Nancy Pelosi

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S	PIA-A Avenel, Potomac, MD Real estate development								X				X	X												X		
S	Piatti Restaurant Co., Tiburon, CA Restaurant operating company							X				X												X				
S	Platinum Software Common stock			X											X								X					X
S	Potomac Investment Assoc., Gaithersburg, MD Real estate development company									X			X	X												X		
S	Read-Rite Corp., Milipitas, CA Common stock								X																			X
S	Wm. Rollnick & Co., Palo Alto, CA (aka Genstar Rental Electronics) Equipment leasing company						X																					
S	San Francisco Hotel Assoc. San Francisco, CA Owns Vintage Court Hotel						X						X										X					

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Nancy Pelosi

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
S	San Ysidro Ranch, L.P., Montecito, CA Owns resort hotel						X						X	X										X					
S	San Ysidro Ranch Management Co. Montecito, CA Managem resort hotel							X					X	X										X					
S	Sutter Hotel Assoc., San Francisco, CA Owns Galleria Park Hotel					X							X	X									X						
S	Tampa Investment Assoc. Dividend from Potomac Inv. Assoc. Westlake Village, CA				X																								
S	Telltabs, Inc. Public common stock			X																									
S	Union Bank, San Francisco, CA Savings Acct.			X										X									X						
JT	United States Treasury Interest on tax refund													X										X					

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Nancy Pelosi

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
JT	Alpine Place, Alpine Meadows, CA Condominium apartment						X																					
S	45 Belden Place, San Francisco, CA Four story commercial building									X			X														X	
S	208 Farragut, Sea Colony, Bethany Beach, DE Condominium apartment						X						X												X			
S	3239 Webster St., San Francisco, CA Single family residence								X				X												X			
JT	Skellenger Lane, Napa, CA 8 acre vineyard								X				X													X		
JT	Zinfandel Lane, St. Helena, CA 18 acre vineyard and rental property									X			X													X		

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Reporting Individual's Name
Nancy Pelosi

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
S	Castelle Inc., Common Stock	X			2/12/92		X					
S	McGrath RentCorp, Common Stock		X		12/28/92		X					
S	Microtest Inc., Common Stock	X			11/9/92	X						
S	Platinum Software Corp., Common Stock	X			11/9/92	X						
S	Platinum Software Corp., Common Stock		X		11/16/92	X						
S	Read Rite Corp., Common Stock	X			7/20/92					X		

Reporting Individual's Name

Nancy Pelosi

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Placer Savings, California	Mortgage on Alpine Place, Alpine Meadows, CA			X				
S	Home Savings, California	Mortgage on 3239 Webster St. San Francisco, CA					X		
S	Loyola Federal Savings, Maryland	Mortgage on 208 Farragut, Bethany Beach, DE		X					
S	Teachers Insurance, New York	Mortgage on 45 Belden Place San Francisco, CA							X
S	St. Paul Federal Savings, Illinois	Mortgage on 45 Belden Place, San Francisco, CA							X
JT	Bank of America, California	Mortgage on 11 Zinfandel Lane St. Helena, CA							X
S	American Security Bank, Washington, DC	Line of Credit				X			
S	Union Bank, California	Line of Credit						X	
S	Hambrecht & Quist, San Francisco, CA	Margin Account					X		
S	Portsmouth Securities, San Francisco, cA	Margin Account			X				

Reporting Individual's Name
Nancy Pelosi

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Board of Directors	World Center

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1993 50-535A (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
1993 APR 26 AM 7:43
INSIDE MAIL
(Office Use Only)

MC (5)

Timothy J. Penny
(Full Name)

436 Cannon House Office Building
(Mailing Address)

Washington, DC 20515 — Daytime Telephone 202-225-2472

Filer Status	[X] Member of the U.S. House of Representatives	State Minnesota District 1	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Timothy J. Penny

DATE (Month, Day, Year) ~~20~~ April 20, 1993

2632

Reporting Individual's Name
Timothy J. Penny

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Redeemer Lutheran (Pre-Kindergarten)	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

2633

Reporting Individual's Name
Timothy J. Penny

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X									X								X
			George Wash Credit Union Accounts			X									X									X						
			182 Main Street, Dover, Delaware				X							X									X							
JT	215 Birch, New Richland, MN					X								X										X						
JT	Wright Patman Federal Credit Union					X									X								X							
JT	Americana Bank, Alden, MN				X										X						X									

For additional assets and unearned income, use next page

Reporting Individual's Name
Timothy J. Penny

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Estate of Joe Stadulski	Mortgage on: 215 Birch, New Richland MN	X						

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
Timothy J. Penny

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Board Member	Gainey Center, Owatonna, MN (uncompensated)
Board Member	Congressional Management Foundation, Washington, DC (uncompensated)
Board Member	Washington Theological Consortium, Washington, DC (uncompensated)
Board Member	Minnesota YMCA Youth in Government (uncompensated)

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1992 86-835A (pb)

2636

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1993 JUL 14 PM 12: 58
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

6

HAND DELIVERED

MC (Office Use Only)

2637

Collin C. Peterson
(Full Name)

Route 2, Box 287
(Mailing Address)

Detroit Lakes, Minnesota 56501

Daytime Telephone: 218/847-3772

Filer Status	[X] Member of the U.S. House of Representatives — State: ~~Minnesota~~ District: ~~7th~~	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [X]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL [signature]

DATE (Month, Day, Year) July 13, 1993

Reporting Individual's Name
Collin C. Peterson

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
		Only asset - 12 plex apartment Bldg. Peterson Fox, Inc. - Common stock					X													X										
		12 plex Apt - 804 E Central, undeveloped land, Lakeland Estates common stock				X								X	X	X			S-corp net loss		net loss overall					X	Gross	Income		X
		Lakewear Properties, Partnership					X							X												X				
		Third Street Apartments Ltd Partnership				X															net loss from operations				X	Gross Income				X
		Bekkerus Schott & Company Contract					X								X										X					

For additional assets and unearned income, use next page

Reporting Individual's Name
Collin C. Peterson

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Lakeland Estates, Inc. purchased additional shares	X			12-31-92	X						
	Third Street Apartments Gifted my limited partnership share and my right to future commisions to my son Jason Peterson			X	12-31-92		X					

Reporting Individual's Name

Collin C. Peterson

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Peterson Fox, Inc. I own 50% of this corporation	Demand loan created when stock issued 1-1-91		X					
	Wright Patman Congressional Credit Union	Personal line of credit		X					

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
Collin C. Peterson

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Miami Chamber of Commerce Congressional workshop	Jan. 9-13	Wash., D.C.-Miami-Wash.,DC	Y	Y	None	no
	American Medical Association Congressional Seminar	Feb. 28-Mar. 2	Minneapolis-Miami-Minneapolis	Y	Y	None	no
	Coastal Corporation Tour of MTBE Plant	Mar. 13-15	Wash., D.C.- Cheyenne, Sheridan, Wyoming-Wash., DC	Y	Y	None	no
	Coastal Corporation facilities tour	Nov. 20-22	Wash.,D.C.-Denver, Co. & Caspar, Sheridan, WY-Wash.DC	Y	Y	None	no

This page may be copied if more space is required.

Reporting Individual's Name
Collin C. Peterson

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
President & unpaid Director	Peterson Fox, Inc.
President & unpaid Director	Lakeland Estates, Inc.
Partner	Lakewest Properties
Ltd. Partner	Third Street Apartments - gifted to son 12-31-92

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
12-27-90	Self & Bekkerus Schott Co.	Payments for former business - Agreement payable over ~~6 years~~
12-1990	Collin Peterson & Third Street Apartments	2000 per year deferred commision ~~gifted to son 12-31-92~~

GPO: 1992 50-535A (m)

2642

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 17

(6)

DOUGLAS BRIAN "PETE" PETERSON
(Full Name)

P. O. Box 5781 — 202/225-5235
(Mailing Address) — Daytime Telephone

Marianna, FL 32447

Filer Status	[X] Member of the U.S. House of Representatives — State: FL, District: 2nd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

MAIL RECEIVED
MC
(Office Use Only)

2643

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [ ]	No [X]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL — **DATE (Month, Day, Year)** 5/17/93

Reporting Individual's Name
DOUGLAS BRIAN "PETE" PETERSON

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)										Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X						
JT	CRT Software, Inc. (Stock)			X								X							X										
JT	CRT Computers, Inc. (Stock)						X					X							X										
JT	CRT Computers, Inc. (Loan)			X										X					X										
JT	P&N Enterprises (R/E Partnership)						X						X											X					
JT	Car-Jun (R/E Partnership)						X						X											X					
JT	Carribean CAttle Company (Stock)				X							X							X										

For additional assets and unearned income, use next page

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: DOUGLAS BRIAN "PETE" PETERSON

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)								
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
JT	Gadsden National Bank, Quincy, FL Acct			X										X						X									
JT	Petnagon Federal Credit Union Accts			X										X						X									
JT	Citizens Bank, Marianna, FL Accts			X										X						X									
JT	Neal Enterprises, Inc. (Stock)				X							X							X										
JT	Congressional Federal Cridit UnionAcct			X										X						X									
JT	Eglin Federal Credit Union Acct			X										X						X									
*	Department of Air Force										N/A							Retirement	X										
*	Veteran's Administration										N/A							Retirement					X						
JT	Lot, Sunny Hills, FL			X															X										
*	Not Required to Disclose																												

Schedule III—Continuation

Reporting Individual's Name
DOUGLAS BRIAN "PETE" PETERSON

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.			Type of Transaction (X)				Amount of Transaction						
			Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
S, DC, JT	Identification of Assets												
	Example:	ABC Corporation Common Stock	X			10-12-92			X				
JT	Apt 6-Coronado Apts, Port St. Joe Beach, FL			X		06/12/92			X				

Reporting Individual's Name

DOUGLAS BRIAN "PETE" PETERSON

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Citizens State Bank of Marianna, FL	Mortgage on rental property:							
		4351 Lafayette Street Marianna, FL			X				
		Apt. 3-Coronado Apts Port St. Joe Beach, FL			X				
		Apt. 6-Coronado Apts ** Port St. Joe Beach, FL			X				
	**Note-see transactions								

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Reporting Individual's Name
DOUGLAS BRIAN "PETE" PETERSON

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Vice-President	CRT Computers, Inc., Marianna, FL(INACTIVE)
President	CRT Software, Inc., Marianna, FL(INACTIVE)

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1988 88-634A (25)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

OFFICE OF RECORDS & ADMINISTRATION
1993 MAY 11 AM 7:53
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

9

MC INSIDE MAIL
(Office Use Only)

THOMAS E. PETRI
(Full Name)

N5329 DeNeveu Ln.
(Mailing Address)

Fond du Lac, Wisc. 54935

Daytime Telephone: 414-922-1180

Filer Status	☑ Member of the U.S. House of Representatives — State: Wisconsin District: Sixth	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes ☑	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes ☐	No ☑
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes ☑	No ☐	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes ☑	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes ☑	No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes ☑	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes ☑	No ☐	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: [signature]

DATE (Month, Day, Year): May 6, 1993

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Reporting Individual's Name
T. E. PETRI

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NATIONAL ENDOWMENT FOR THE HUMANITIES	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
T.E. Petri

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	NATIONAL RETAIL FEDERATION	SPEECH	MARCH 12, 1992	$2,000

This page may be copied if more space is required.

Schedule II

Reporting Individual's Name
T.E. PETRI

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	Wisconsin Retirement Acct.				X							X		X	X			No Income Distributions											
	Strong Total Return Fund					X						X		X	X			No Income Distributions											X
	Firstar Corporation, Stock									X		X													X				
	American Home Products, Stock			X								X							X										
	Walgreen Co, Stock									X		X												X					
	Bandag Co, Stock						X					X										X							

For additional assets and unearned income, use next page

Schedule III

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SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: T.E. Petri

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Associated Banc-Corp, Stock		X									X								X									
	~~[illegible]~~ Dole Co, Stock (Fairholm, Castle & Cook)				X							X								X	X								
	Oppenheimer Group, Stock					X						X										X							
	Lubar & 1st Nat'l Bank of Barron (Oppenheimer)				X									X	X			Insurance Premiums					X						
	Commercial Clearing House, Stock				X							X										X							
	Wisconsin Communications, Bond			X										X							X								
	Valley Bank Corp, Stock						X					X											X						
	First Wis. Nat'l Bank, FBL Stock	X										X									X								X
	Am Wisconsin, Stock	X																											X
	Northwest Mutual Life Ins.				X							X						Increase in cash value less no dividend				X							
	Berkshire Hathaway, Stock			X															X										
	United Airlines, Stock			X																X									

Reporting Individual's Name
T. E. Petri

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Firstar Corporation, Common Stock		X		1-29-92				X			
	Firstar Corporation, Common Stock		X		7-8-92				X			
	Firstar Corporation, Common Stock		X		6-26-92			X				
	Walgreen Corporation, Common Stock		X		5-29-92		X					
	Walgreen Corporation, Common Stock		X		7-8-92			X				
	Walgreen Corporation, Common Stock	X			Dividend Reinvestment	X						
	Firstar Corporation, Common Stock	X			Dividend Reinvestment	X						
	Belmar Corporation, Common Stock	X			Dividend Reinvestment	X						
	Valley Bancorporation, Common Stock	X			Dividend Reinvestment	X						
	Amwisconsin, Common Stock		X	X	3-3-92	X						
	United Airlines (UAL), Common Stock			X	3-3-92	X						
	Stroud Total Return Fund		X		12-18-92	X						
	First Wisconsin Nat'l Bank of Fond du Lac Common Stock		X		12-29-92	X						
	Berkshire Hathaway, Common Stock	X			9-30-92	X						
	American Home Products, Common Stock	X			12-31-92	X						

Reporting Individual's Name
T. E. Petri

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)							
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Firstar Bank Milwaukee (formerly First Wisconsin)	Loan Secured by Stock				X			
	1st National Bank of Boston (Citizens)	Loan Secured by Stock			X				

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
T. E. Potri

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days

This page may be copied if more space is required.

Reporting Individual's Name
T. E. Petri

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Partner	Lloyd's, Underwriting Insurance Risks, London, England

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1992 [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 17 13

OWEN BRADFORD PICKETT
(Full Name)

2430 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: (202) 225-4215

Filer Status	[X] Member of the U.S. House of Representatives — State: VA District: 2nd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

HAND DELIVERED
MC
(Office Use Only)

(14)

2658

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No		Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	[ ]	[X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	[ ]	[X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	[ ]	[X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	[ ]	[X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	[X]	[ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	[X]	[ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	[X]	[ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	[ ]	[X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	[X]	[ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10)	[ ]	[X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Owen B. Pickett

DATE (Month, Day, Year) 5-17-93

Reporting Individual's Name

OWEN BRADFORD PICKETT

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude. Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U S Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
	Brass Circle Assocs. Note Receivable							X											X											
	(Business: Ownership, rental, improvement & sale of real estate, Va. Beach, VA)																													
	Central Fidelity Bank - savings		X												X					X										
	Princess Anne Commercial Bank						X								X									X						X
	Dominion Bank - savings		X												X						X									
	Independent Banks of VA - stock					X							X							X										

For additional assets and unearned income use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: OWEN BRADFORD PICKETT

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)						Category of Amount of Income (X)										
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
	Beverly Enterprises Mortgage Receivable						X							X											X				
	Cranston Lane Assocs.						X						X	X											X				
	(Business: Ownership, rental, improvement & sale of real estate, Va. Beach, VA)																												
	Shipps Corner Nursery Co.						X							X					X										
	(Business: Ownership, rental, improvement & sale of real estate, Va. Beach, VA)																												
	Lynnhaven Station Co.							X					X	X											X				
	(Business: Ownership and rental of commercial offices, Va. Beach, VA)																												
	Centocor Partners, II, LP			X										X							X								
	(Business: Pharmaceuticals, Malvern, PA)																												
	Sherwood Crossing Assocs.			X									X	X						X									
	(Business: Apartment construction & rental, Richmond, VA)																												
S	Nationwide Health Properties Inc					X						X												X					
	Toll South Assocs.						X						X											X					
	(Business: Ownership, rental, improvement & sale of real estate, Va. Beach, VA)																												

Schedule III – Continuation

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: OWEN BRADFORD PICKETT

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) — None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Caroline County, VA, farms									X			X											X					
	(Acreage: 795 acres plus 328 acres (half-interest)																												
	Harrell Farm Company						X							X	X									X					
	(Business: Farm Investments, Va. Beach, VA)																												
	Seaboard S&L Assocs - stock				X														X										
	The Commonwealth Bank - stock			X															X										
	Peoples Bank of Va. Beach-stock			X															X										
	Magnolia Meadows Assocs.							X					X						X										
	(Business: Ownership, rental improvement & sale of real estate, Va. Beach, VA)																												
	GRA Independence Assoc.				X														X										
	(Business: Ownership, rental improvement & sale of real estate, Va. Beach, VA)																												
	GRA Assocs.				X														X										
	(Business: Ownership and rental of apartments, Va. Beach, VA)																												
	Act B Partnership					X													X										
	(Business: Ownership, rental, improvement & sale of real estate, Va. Beach, VA)																												

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: OWEN BRADFORD PICKETT

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																		BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
Acreage, Hanover Co., VA (1,000 acres)							X					X								X									
Skylakama, Inc.								X				X	X	X							X								
(Business: Ownership, rental, improvement & sale of real estate, Va. Beach, VA)																													
Genentech Clinical Partners IV				X									X						X										
(Business: Pharmaceuticals, San Francisco, CA)																													
Dial Reit, Inc.				X							X									X									X
Copley PPTYS, Inc.				X							X									X									X
Dominion Bankshares Corp.					X						X								X										X
Chase Manhattan				X							X										X								X
Signet Banking Corp.					X						X										X								X
Wellsford Residential Prop.			X								X							X											X
Boulevard Land Trust				X									X					X											
(Business: Real estate investments in Va. Beach, VA property)																													
Commonwealth of VA DCP State Retire.				X							X									X									

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: OWEN BRADFORD PICKETT

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)									BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)									BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
VA Retirement System			X																X										
IRA Kidder, Peabody Investor Acct. consisting of:																													
American Brands, Inc.			X									X								X									X
Boddie Noell Restaurant		X										X								X									X
Boise Cascade Corp			X									X								X									
Bowater Inc.			X									X								X									
Chase Manhattan				X								X									X								
Chemical Banking Corp.			X									X								X									
Copley PPTYS Inc.			X									X								X									X
Dial Reit Inc.				X								X										X							X
Dominion Bankshares				X								X									X								
Federal Realty Inv. Trust			X									X									X								X
Ford Motor Co.			X									X								X									
Georgia Pacific Corp			X									X									X								
HRE PPTYS			X									X									X								X

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: OWEN BRADFORD PICKETT

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	IRA continued:																											
	IRT Property Co.			X								X									X							X
	IBM			X								X									X							X
	MGI Properties			X								X									X							X
	Nationwide Health PP?YS Inc.				X							X											X					
	Occidental Petrol CP			X								X								X								X
	Real Estate Inv Tr Cal SBI				X							X									X							X
	Santa Anita Oper Co Comb Ctf			X								X									X							X
	Signet Banking Corp.				X							X									X							
	Gov't Money Market - cash			X								X									X							
S	Bowater Inc. Com.			X								X								X								
S	Chase Manhattan Corp			X								X								X								
S	Dial Reit Inc.			X								X									X							X
S	Dominion Bankshares Corp			X								X								X								
S	Federal Paper Board Co			X								X								X								

Schedule III—Continuation

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: OWEN BRADFORD PICKETT

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	
S	Ford Motor Co.			X								X								X									
S	HRE PPTYS			X								X									X								X
S	IRT PPTY Co.			X								X							X										X
S	MGI Properties			X								X								X									X
S	Signet Banking Corp			X								X									X								
S	Money Market - cash			X								X								X									
S	IRA Kidder, Peabody Investor Acct. consisting of:																												
	Boddie Noell Restaurant	X										X								X									X
	Dial Reit Inc.			X								X								X									X
	General Electric			X								X								X									
	HRE PPTYS			X								X								X									X
	IBM			X								X								X									
	MGI Properties			X								X								X									X
	Nationwide Health PPTYS Inc				X							X									X								
	Real Estate Inv Tr Cal SBI			X								X								X									X

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: OWEN BRADFORD PICKETT

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	IRA continued																												
	Santa Anita Oper Co Comb Ctf			X								X								X									X
	Gov't Money Market - cash			X								X									X								

Schedule III—Continuation

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Reporting Individual's Name
OWEN BRADFORD PICKETT

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Princess Anne Commercial Bank stock	X			8/31/92		X					
	Chase Manhattan		X		9/30/92		X					
	Dominion Bankshares		X		9/30/92			X				
	Signet Banking Corp		X		8/27/92 8/28/92				X			
	Dial Reit Inc.	X			8/4/92		X					
	Copley PPTYS Inc.	X			9/21/92		X					
	Wellsford Residential Prop. Trust SH Ben Int.	X			11/19/92	X						
	IRA - Kidder, Peabody:											
	American Brands Inc.	X			1/30/92	X						
	Boddie Noell Restaurant		X		3/19/92 3/23/92	X						
	Occidental Petrol	X			3/12/92	X						
	Dial Reit Inc.	X			4/24/92 4/27/92		X					
					7/2/92							
	HRE PPTYS	X			6/1/92 6/3/92	X						
	MGI Properties	X			6/1/92	X						
	Federal Realty Inv Tr SBI	X			6/3/92	X						
	Real Estate Inv Tr Cal SBI	X			6/17/92		X					

Reporting Individual's Name

OWEN BRADFORD PICKETT

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	IRA Transactions continued											
	Copley PPTYS Inc.	X			9/9/92	X						
	IRT Property Co	X			10/22/92	X						
	IBM	X			12/29/92	X						
	Manufac Hanover Corp (exchanged for Chemical Banking)			X	1/3/92	X						
	Sale of Timber from Farmland Owned - Caroline Co., VA		X		12/11/92		X					
S	Dial Reit, Inc.	X			6/4/92	X						
S	HRE PPTYS	X			6/16/92	X						
S	MGI Properties	X			6/18/92	X						
S	IRT PPTY Co	X			12/14/92	X						
S	IRA - Kidder, Peabody:											
	Boddie Noell Restaurant		X		4/30/92	X						
	Dial Reit, Inc.	X			6/16/92	X						
	MGI Properties	X			6/26/92	X						
	Santa Anita Oper Co Comb Ctf	X			7/2/92	X						
	HRE PPTYS	X			6/18/92	X						
	Real Estate Inv Tr Cal SBI	X			6/24/92	X						

Reporting Individual's Name
OWEN BRADFORD PICKETT

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Dominion Bank	Farm Mortgage		X					
	Dominion Bank PAID OFF IN 1992	Business Investments		X					
	Dominion Bank	Business Investments			X				
	E.D. & C.D. Proffitt	Farm Mortgage			X				
	Cenit Savings Bank, Norfolk, VA	Business Investments				X			
	Central Fidelity	Business Investments		X					
	Princess Anne Commercial Bank	Business Investments					X		

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

Reporting Individual's Name

OWEN BRADFORD PICKETT

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Officer & Director	Sylakama, Inc.
Partner	Harrell Farm Co.
Partner	Lynnhaven Station Co.
Partner	GRA Assoc.
Partner	Brass Circle Assoc.
Partner	Act B Partnership

** continued **

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1982 86-636A (ps)

PART VIII - POSITIONS ** continued **

POSITIONS	NAME OF ORGANIZATION
Partner	Toll South Assoc.
Partner	Cranston Lane Assoc.
Partner	Shipps Corner Nursery Co.
Partner	GRA Independence Assoc.
Partner	Magnolia Meadows Assoc.
Partner	Centocor Partners II
Partner	Sherwood Crossing Assoc, LP
Partner	Genentech Clinical Partners, IV, LP

INSIDE MAIL

RECEIVED

MAY 20 10:46

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D.C. 20515

OWEN PICKETT
2ND DISTRICT
VIRGINIA

COMMITTEES
ARMED SERVICES
MERCHANT MARINE & FISHERIES

May 19, 1993

1

MC

The Honorable Donnald K. Anderson
Clerk of the House
Office Systems Management
B-215 Rayburn HOB
Washington, D.C. 20515

Dear Donn:

Please consider this an amendment to my 1992 Financial Disclosure Statement.

Due to typographical error, the size of the acreage in Hanover County, Virginia, was incorrectly described on Schedule III-Assets and "Unearned" Income. I have but a one-half interest in 28 acres. The value classification is correct.

With kindest regards, I am

Sincerely yours,

Owen Pickett

Owen Pickett
Member of Congress

OP/jse

WASHINGTON OFFICE
2430 RAYBURN BUILDING
WASHINGTON, D.C. 20515
(202) 225-4215

VIRGINIA BEACH OFFICE
2710 VIRGINIA BEACH BOULEVARD
VIRGINIA BEACH, VIRGINIA 23452
(804) 486-3710

NORFOLK OFFICE
WARD'S CORNER
112 EAST LITTLE CREEK ROAD
NORFOLK, VA 23505
(804) 583-1660

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

1993 MAY 17 10:54

(10)

HAND DELIVERED

(Office Use Only)

James Jarrell Pickle
(Full Name)

242 Cannon HOB
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-4865

Filer Status	[X] Member of the U.S. House of Representatives	State: TX District: 10th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
James Jarrell Pickle	May 17 1993

Reporting Individual's Name

James Jarrell Pickle

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Social Security Administration (Mr. Pickle)	Soc. Sec. Benefits	$19,917

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

James Jarrell Pickle

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.				Year End Value (X)									Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X									X						
			Austin, TX First City National Bank	X												X							X								X
			First Gibraltar, Austin, TX				X									X							X								
			NationsBank Accounts Austin, TX*						X							X									X						
			*formerly NCNB																												

For additional assets and unearned income, use next page

Schedule III

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: James Jarrell Pickle

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $1,000,000	
Texas Commerce CDs--Austin, TX	X												X								X					X
BankOne Money Market-Austin,TX			X										X						X							
BankOne CDs--Austin, TX				X									X								X					
Team Bank (formerly Bank of the Hills, Austin,TX)				X									X							X						
Congressional Federal Credit Union, Wash, DC					X								X									X				
Paine Webber Cash Fund			X								X								X							
RMA Tax Free Fund					X						X										X					
Trust Southwest			X								X											X				
University of Texas Bond						X							X										X			
North Central Austin Bond (MUD)			X										X							X						
Royce City Texas Royce City School Bond					X								X										X			
Austin, Texas Eanes School Bond						X							X											X		
Austin, Texas Lake Travis School Bond					X								X									X				

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: James Jarrell Pickle

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Fort Bend Texas Bond				X									X								X						
City of San Antonio, Texas bond				X									X								X						
City of Austin, Texas bond				X									X								X						
McClennan Co. Texas bond	X												X				X										*See note below
Veterans Admin. Life Insurance				X									X						X								
Grapevine Colleyville Bond, TX				X									X								X						
Paine Webber Asset Alloca.Fund					X						X								X								
Paine Webber MFS Intermediate Fund				X							X									X							
Nuveen Municipal Fund				X							X								X								
ACM Managed Income Fund					X						X											X					
Damson Oil Royalty		X														Royalty		X									
*Note: McClennan Co. Bond matured June 1991 Amendment to 1991 Disclosure Form filed 5-17-93																											

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: James Jarrell Pickle

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Lease of land for grazing* Niederwald, TX		X										X								X							
Fidelity Bankers Life Ins.Annuity					X												annuity	X									
Electrosource Inc.,Austin,TX	X										X							X									
Paine Webber Equity Trust		X									X									X							
Paine Webber Property Invest.Fund				X							X										X						
Lots near Lake LBJ--Llano,TX				X														X									
81.95 acres near Niederwald, TX						X						X															
41.3 acres near Niederwald,TX					X													X									
Half interest in 49.8 acres near ~~Niederwald, TX~~				X														X									
Bryan, TX ISD Bond					X								X									X					
Rowlett,TX Bond					X								X									X					
Pearland, Texas Bond					X								X									X					
Dennison, Texas Waterworks Bond				X									X										X				
Koch Oil Royalty (now called Parker & Parsley)		X															royalty		X								
LCRA Bond -- Austin, TX					X								X								X						

*see first listing on this page.

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: James Jarrell Pickle

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset – Year End Value (X): None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income – Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Franklin Fed. Accounts,Austin,TX	X												X									X						X
	Govt. Income Securities				X							X											X						
	Lower Colorado River, TX Mun.Bond					X								X									X						
	Personal Loan to Scott Benson				X													payment on principal						X					
	Colorado River Texas Municipal Water District Bond				X									X									X						
	Austin Independent School Bond					X								X										X					
	Odessa,TX Ref. Waterworks Bond			X										X					X										X
	Allen, TX Bond			X										X					X										X
	Texas Municipal Power Bond			X										X					X										X

Reporting Individual's Name: James Jarrell Pickle

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

$, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	~~Texas Commerce~~ CDs--Austin, TX*		X		9-1-92			X				
	First City--Austin, TX*		X		9-1-92		X					
	Franklin Federal Accounts--Austin, TX*		X		9-1-92		X					
	*Note: Accounts closed--deposits used to pay down mortgage on Hillview Green, Austin, TX.											
	Odessa, Texas Ref. Waterworks Bond	X			10-14-92		X					
	Allen, Texas Bond	X			10-15-92		X					
	Texas Municipal Power Bond	X			8-14-92		X					

Reporting Individual's Name: James Jarrell Pickle

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	NationsBank, Austin, TX (formerly NCNB)	Mortgage on 2702 Hillview Green Austin Texas				X			
	3900 Watson Place, Inc.	Mortgage 3900 Watson Pl. Wash, DC	X						

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
James Jarrell Pickle

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Member, Bd of Trustees	U.S.Capitol Historical Society, Wash, DC--Membership ended Sept. 1992
Member, Bd of Directors	National Wildflower Research Center, Austin,TX

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 28.

Date	Parties To	Terms of Agreement

GPO: 1992 [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 17

(4)

HAND DELIVERED
(Office Use Only)

Richard William Pombo
(Full Name)

1519 Longworth H.O.B.
(Mailing Address)

(202)225-1947
Daytime Telephone:

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 11	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Richard Pombo	**DATE (Month, Day, Year)** 5/17/93

2683

Reporting Individual's Name
Richard W. Pombo

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	R. Pombo Ranch II	Partnership Salary	$ 13,022
	City of Tracy	City Council Salary	$ 3,600
	Annette's Gift Shop	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Richard W. Pombo

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT Examples: S ABC Corporation Stock		X									X									X								X
George Wash. Credit Union Accounts				X									X									X						
182 Main Street, Dover, Delaware					X						X										X							
Westside Bank Common Stock		X									X							X										
R. Pombo Ranch II Partnership						X											Partnership		X									
Annette's Gift Shop						X											Partnership		X									

For additional assets and unearned income, use next page

Reporting Individual's Name
Richard W. Pombo

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Westside Bank, Tracy, CA	Personal Loan	X						

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

1993 MAY 17 PM 4:22

Congressman Earl Pomeroy
(Full Name)

318 Cannon House Office Building
(Mailing Address)

202-225-2611
Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives	State: North Dakota District: At Large	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

HAND DELIVERED

(Office Use Only)

(4)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes	[X]	No	[ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes	[ ]	No	[X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes	[X]	No	[ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes	[ ]	No	[X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes	[ ]	No	[X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes	[ ]	No	[X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes	[ ]	No	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Earl Pomeroy

DATE (Month, Day, Year) 5/17/93

Reporting Individual's Name
Congressman Earl R. Pomeroy

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of North Dakota -- Office of Management and Budget	Salary as Insurance Com.	$47, 826.80
	Bank of North Dakota	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Congressman Earl R. Pomeroy

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C: Category of Amount of Income (X)										Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	Guarantee Mutual Life Co.		X											X					X										
JT	Bank Center One			X										X							X								
S	Bank Center One			X									X								X								
	Bank Center One			X										X					X										
S	Bank of North Dakota		X											X					X										

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Congressman Earl R. Pomeroy

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	Bank Center One			X										X						X								
	*Deferred Comp. Plan - IDS				X									X														
	*Deferred Comp. Plan - IDS			X										X														
S	*Deferred Comp. Plan - IDS			X										X														
S	*Deferred Comp. Plan - IDS			X										X														
	*IRA - IDS			X										X														
	*IRA - IDS			X										X														
	*IRA - IDS			X										X														
S	*IRA - IDS			X										X														
S	*IRA - IDS			X										X														
	Public Employees Retire System				X									X														
S	Public Employees Retire System			X										X														
	*Invested with Institution and Individual has no discretion regarding purchases or sales of assets in account																											

"ED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

(8) MAY 17

John Edward Porter
(Full Name)

1625 Sheridan Road
(Mailing Address)

Daytime Telephone: 708-940-0202

Wilmette, Illinois 60091

Filer Status	[X] Member of the U.S. House of Representatives	State: Illinois District: 10th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

HAND DELIVERED
(Office Use Only)

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year) May 16, 1993

Reporting Individual's Name
John Edward Porter

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	(S) Conservational International Foundation	Spouse Salary	NA
	(S) J.D. & C.T. MacArthur Foundation, Chicago, Illinois	Nominator Fee	NA
	Estate of a disabled person for whom filer serves as guardian	Guardian's fee	$1,750
	Estate of a deceased person for whom filer served as executor	Executor's fee	$ 750

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name
John Edward Porter

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
XYZ Magazine	Article	Aug. 13, 1992	$500
Kendall College, Evanston, Illinois	Speech	June 19, 1992	$300
Illinois State Dental ~~Assocn~~ SOCIETY, ~~Chicago~~ SPRINGFIELD, Ill.	Speech	Sept. 11, 1992	$1500
Health & Life Organization, Washington, D.C.	Speech	Sept. 15, 1992	$500

This page may be copied if more space is required.

Reporting Individual's Name
John Edward Porter

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14–19.

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BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
	First Midwest Bank Individual retirement account				X										X							X								
	Cong. Federal Credit Union Individual retirement account				X										X							X								
	Franklin U.S. Gov. Sec. Fund Individual retirement account				X										X							X								
S	First Midwest Bank Individual retirement account				X										X							X								
S	Cong. Federal Credit Union Individual retirement account				X										X							X								
S	Franklin U.S. Gov. Sec. Fund Individual retirement account				X										X							X								

For additional assets and unearned income, use next page

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: John Edward Porter

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S	Cong. Federal Credit Union Savings account			X										X							X								

Page 5 of 8

Schedule III—Continuation

Reporting Individual's Name
John Edward Porter

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 162 Main St. Dover, Del.				X			
JT	Oong. Federal Credit Union	Line of credit	X						

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
John Edward Porter

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Healthcare Financial Management Association	Feb. 23-Feb. 25	Wash., D.C.-Pinehurst, N.C. - Wash., D.C.	Y	Y	None	N
	TDS Healthcare Systems Corporation	March 20-March 23	Wash., D.C.- Palm Springs, CA - Wash.D.C.	Y	Y	Spouse	N
	Earth Communications Office	June 28-June 29	Wash.,D.C.-Los Angeles CA - Wash., D.C.	Y	Y	Spouse	N
	Danny Thompson Memorial Golf Tournament (Charitable)	Aug. 21-Aug. 23	Wash. D.C. - Sun Valley, ID - Park City UT	Y	Y	Spouse	N
	Delta Airlines Utah Congressional Challenge (Char.)	Aug. 24-Aug. 26	Park City, UT - Wash., D.C.	Y	Y	Spouse	N
	Puerto Rico U.S.A. Foundation	Dec. 4 - Dec. 7	Wash., D.C. to Dorado. P.R. - Wash., D.C.	Y	Y	None	N

This page may be copied if more space is required.

Reporting Individual's Name
John Edward Porter

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of a: organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Board Member	Population Resource Center
Co-Chairman	Congressional Human Rights Caucus
President & Chairman	General Services Corporation

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of an, agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1988 [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 17 1993
MC (10)
(Office Use Only)

ROBERT J. PORTMAN (Full Name)

3421 BERRY AVENUE (Mailing Address)
CINCINNATI, OHIO 45208-1206

John J. Venturella, CPA
513-424-5000 (Daytime Telephone)

Filer Status	[X] Member of the U.S. House of Representatives	State: Ohio District: 2	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.** N/A New Member	Yes [ ]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.** N/A New Member	Yes [ ]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.** N/A New Member	Yes [ ]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Robert J. Portman

DATE (Month, Day, Year) May 17, 1993

Reporting Individual's Name

ROBERT J. PORTMAN

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	GRAYDON HEAD & RITCHEY, CINCINNATI, OHIO	LEGAL FEES	137,365
	PORTMAN EQUIPMENT COMPANY, CINCINNATI, OHIO	DIRECTOR FEES	800
	GREATER CINCINNATI FOUNDATION, CINCINNATI,OHIO	SPOUSE'S SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II

Reporting Individual's Name

ROBERT J. PORTMAN

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			162 Main Street, Dover, Delaware					X						X									X							
			Nuveen Municipal Value Fund						X						X										X					
			Ohio Municipal Cash Trust					X							X									X						
			Greenwood Trust BIF Insured			X									X								X							
			Ashwood Farms, Inc. Springboro, Ohio (Warren County)			X							X							X										
			Gradison Cash Reserves			X							X									X								
			Golden Lamb Trust - land, building located in Lebanon, Ohio						X					X												X				

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ROBERT J. PORTMAN

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
Lebanon House, Inc. Cincinnati, Ohio						X					X									X								
Gradison-McDonald Ohio Tax-Free Income Fund					X								X								X							
Gradison-McDonald Established Value Fund				X							X										X							
Gradison-McDonald Opportunity Value Fund			X								X									X								
Advanced Handling Systems, Inc. Cincinnati, Ohio					X						X												X					
Portman Equipment Company Cincinnati, Ohio						X					X													X				
Peavler Ptn. land and bldg. 1342 Jamike Dr., Erlanger, KY					X							X										X						
Orchard Street Properties Cincinnati, Ohio		X										X						X										
Bonasa General Ptn., farm land located near Parsons, W VA			X									X						X										
Mariemont Village Properties Limited Partnership Interest			X											::				X										
Tait House Apartments, Ltd. Apt. Bldg., Brunswick, Georgia			::											X				X										
Portman Trust #1, land and bldg. 4331 Rossplain Rd., Cincinnati, OH						X						X										X						
Portman Trust #2, land and bldg. 4331 Rossplain Rd., Cincinnati, OH					X							X											X					
Portman Trust #3, land and bldg. 4331 Rossplain Rd., Cincinnati, OH						X						X											X					
Procter & Gamble Company			X								X									X								

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ROBERT J. PORTMAN

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) — None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	IRA, Cert. of Accrual Treasury Series U. Collier Brown & Schickling			x										x							x								
	IRA, Kroger Co., Sr. Sub. Deb., Collier Brown & Schickling			x										x							x								
	IRA, Treas. Invt. Growth Recpts. Ser. 9, Collier Brown & Schickling			x										x							x								
	Jacor Communications, Inc.		x									x							x										
	Baldwin Piano & Organ Co.			x								x							x										
	Collier, Browne & Co., Milford, OH Credit Interest Accounts			x										x						x									
	IRA, Collier Brown & Schickling Cash, Milford, Ohio			x										x						x									
	Partnership Interest Graydon Head & Ritchey				x						1								SEE	SCHEDULE	1								
	Graydon Head & Ritchey Retirement Plan, Cincinnati, Ohio			x								N/A																	
S	Colonial Strategic Income Fund					x						x											x						
S	VHBF - Intermediate - Term						x					x												x					
S	Alex Brown Cash Reserve Fund			x										x							x								
S	N. Carolina Eastern Mun. Power Due 01/01/1997			x										x							x								
S	N. Carolina HFA Single Fam.* Due 01/01/1993			x										x							x								

*Redeemed 1/1/93 1. Earned income, see Schedule 1

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name: ROBERT J. PORTMAN

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Wilmington Inc. Pub. Imp. Due 03/01/1995				X									X							X								
S	North Carolina HFA Single Fam. Due 07/01/1996			X																X									
S	Gradison McDonald Established Value Fund					X								X							X								
S	Gradison Cash Reserve Trust			X										X						X									
S	IRA, Alex Brown & Sons Winston Salem, N. Carolina				X									X				N/A											
S	American Electric Power, Inc.			X								X							X										
S	Bellsouth Corp.			X								X							X										
S	Caroline Power & Light			X								X							X										
S	Central & Southwest Corp.			X								X							X										
S	Computer Usage Company		X									X						X											
S	FPL Group Inc.			X								X							X										
S	Nuveen Municipal Value Fund					X						X										X							
S	KU Energy Corp. Holding Co.			X								X							X										
S	Pacific Telesis Group			X								X							X										
S	Pacific Corp.			X								X							X										

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ROBERT J. PORTMAN

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S	Public Service Enterprise Group			X								X								X									
S	Salem Trust Bank		X									X							X										
S	Texas Utilities			X								X								X									
S	Atlantic Richfield Co. Reg. Notes	X												X						X									
S	American Express Co. Noncall Notes			X										X						X									
S	Portman Equipment Company				X							X												X					
DC	Flag Investors Quality Growth Fund			X								X								X									
DC	Flag Investors Quality Growth Fund			X								X								X									
DC	Procter & Gamble Company			X								X									X								
DC	Joseph D. Portman Irrv. Tr.			X										X					X										
DC	William D. Portman Irrv. Tr.			X										X					X										
DC	Procter & Gamble Company			X								X								X									

Reporting Individual's Name

ROBERT J. PORTMAN

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 162 Main St. Dover, Del.				X			
	Portman Equipment Company Cincinnati, Ohio	Demand loan				X			
	Mortgage on personal residence Excluded per instructions								

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22.

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Reporting Individual's Name
ROBERT J. PORTMAN

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Director, Officer	Portman Equipment Company, Cincinnati, Ohio
Director, Officer	Lebanon, House, Inc., Cincinnati, Ohio
Partner	Graydon Head & Ritchey, Cincinnati, Ohio
Partner	Peavler Partnership
Partner	Bonasa General Partnership
Limited Partner	Orchard Street Properties

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1983 86-836A (m)

Reporting Individual's Name
ROBERT J. PORTMAN

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Limited Partner	Mariemont Village Properties
Limited Partner	Tait House Apartments, Ltd.

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1992 00-626A (pu)

2708

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 20 11:25

Glendal William Poshard
(Full Name)

Route 5, Box 137
(Mailing Address)

Daytime Telephone

Marion, Illinois 62959 (618) 993-8532

MAY 17 1993

MC (9)
(Office Use Only)

Filer Status	[x] Member of the U.S. House of Representatives — State: IL District: 19th	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [x]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [x]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [x]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [x]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [x]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [x]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [x]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [x]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [x]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [x]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL G. Poshard

DATE (Month, Day, Year) May 15, 1993

2709

Reporting Individual's Name

Glendal W. Poshard

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. House of Representatives	Member's salary	NA
	Carterville Community Unit School District #5	Spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

2710

Reporting Individual's Name
Glendal W. Poshard

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	NA			

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Schedule II

Reporting Individual's Name

Grendal W. Poshard

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None"

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X								X									
	Thrift Savings Plan U.S. House of Representatives						X									X							X									
	Savings Account Carterville State & Savings Bank					X										X						X										
	Municipal Bonds-limit 95 A.G. Edwards Investment Firm					X								X		X						X										
	Investment Income, Bank of NY First Investors Fund Inc., NY					X								X		X						X										
	Savings Account ~~Southern~~ IL. Schools Credit Union				X											X					X											
	I R A - Glenn Poshard King City Federal S & L						X									X							X									

For additional assets and unearned income, use next page

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Glendal W. Poshard

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
S	IRA King City Federal S & L				X									X								X							
	State Scholarship Bonds State of Illinois				X									X								X							
	Deferred Compensation Plan State of Illinois				X									X								X							
	Annuity Columbus Mutual Life Ins. Co.					X								X									X						
	Annuity Edward D. Jones Investment				X									X								X							
	Annuty Columbus Mutal Life Ins. Co.					X								X									X						
S	Retirement Funds Illinois State Retirement System				X									X								X							
	Retirement Funds Illinois State Retirement System				X									X								X							
	Life Insurance State Farms Ins. Co.			X										X							X								

Schedule III – Continuation

2713

Reporting Individual's Name
Glendal W. Poshard

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				

Reporting Individual's Name
Glendal W. Poshard

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	None								

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Reporting Individual's Name

Glendal W. Poshard

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	None						

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Reporting Individual's Name
Glendal W. Poshard

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
None	

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO: 1990 50-535A (pa)

2717

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

DAVID EUGENE PRICE
(Full Name)

2458 Rayburn HOB (202) 225-1784
(Mailing Address) Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U S House of Representatives State NC District 04	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

MC (Office Use Only)

HAND DELIVERED

2718

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: David E. Price

DATE (Month, Day, Year): 5/17/93

Reporting Individual's Name
David E. Price

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$6,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Town of Chapel Hill, North Carolina	spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
David E. Price

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
XYZ Magazine	Article	Aug. 13, 1992	$500
Woodstock Theological Center at Georgetown University in Washington, DC	Panel	8.24.92	$250.00

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Page 3 of 7

Schedule II

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Reporting Individual's Name
David E. Price

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In BLOCK B indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
BB+T Certificate of Deposit						X									X								X							
Smith Barney Money Market Units					X								X									X								
NC Eastern Municipal Power Agency Bonds						X									X									X						
American Precision Industries Stock					X								X								X									
Pepsico Stock					X								X								X									
Coca-Cola Stock						X							X									X								

For additional assets and unearned income, use next page

2721

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: David E. Price

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)											
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
	General Electric Stock			X								X									X									
	Merk & Co. Stock			X								X									X									
	Northwest Mutual Life Insurance Policy			X								X									X									
	TIAA CREF Retirement Plan						X											NA												

Schedule III – Continuation

2722

Reporting Individual's Name
David E. Price

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	Miller Center of	3.23	Raleigh - Charlottesville	Y	Y	spouse	N
	Public Affairs						
	at UVA						
	Yale University	11/11-11/12	Le - New Haven -	Y	Y	none	N
	Council Committee		Raleigh				
	on Social Sciences -						
	Policy						

This page may be copied if more space is required.

Reporting Individual's Name
David E. Price

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Professor on leave	Duke University

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1993-94	Duke University	unpaid leave of absence

GPO: 1996 [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

Deborah D. Pryce OHIO 15th DISTRICT
(Full Name)

5602 Riverside Drive Dublin, OH 43017 (614) 766=1906
(Mailing Address) Daytime Telephone

Filer Status	[x] Member of the U.S. House of Representatives — State: ____ District: ____	[ ] Officer or Employee	Employing Office: ____
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date: ____

HAND DELIVERED
MC (14)
(Office Use Only)

2725

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [x]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [x]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [x]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [x]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [x]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [x]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [x]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [x]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [x]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [x]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	**DATE (Month, Day, Year)** 5/10/93

Reporting Individual's Name

Deborah D Pryce

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source		Type	Amount
Examples:	State College		Approved Teaching Fee	$6,000
	State of Maryland		Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)		Spouse Speech	$1,000
	Fairfax County Board of Education		Spouse Salary	NA
	City of Columbus	Columbus, OH	Judge's Salary	8,828
	Franklin County	Columbus, OH	Judge's Salary	6,405
	Hamilton Kramer	Columbus, OH	Attorney Salary	21,000
	State of Ohio Supreme Court	Columbus, OH	Judge's Salary	5,007
	Green Terrace Development Co.	Columbus, OH	Spouse's Director Fee	12,500
	Commercial One Realtors, Inc.	Columbus, OH	Spouse's Real Estate Commissions	41,250

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
Deborah D Pryce

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	None			

This page may be copied if more space is required.

Schedule II

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Reporting Individual's Name
Deborah D Pryce

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Example:	ABC Corporation Stock			X								X									X								X
DC, JT	Example:	George Wash. Credit Union Accounts				X									X									X						
	Example:	182 Main Street, Dover, Delaware					X							X									X							
		State Savings Bank, Savings Acct.				X									X							X								
		Bank One, Common Stock				X							X									X								
S		Huntington National Bank			X										X							X								
S		Zoom, Ltd (Partnership)				X									X						X									
S		Pyramid Investments (Partnership)							X					X	X	X											X			
S		Equitable Capital Partners (Partnership)			X										X							X								

For additional assets and unearned income, use next page

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Deborah D Pryce

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)						Category of Amount of Income (X)										
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S	Walker Partnership					X							X									X							
S	Merrell Lynch (IRA Retirement)				X											X												
	Pers (Retirement)					X										X												
JT	Steel Technologies, Inc.			X								X							X									
S	Docucom, Inc.			X								X							X									
S	Work Force One, Inc.			X								X									X							
	Massachusettes Emerging Growth(IRA)			X												X												

Schedule III—Continuation

Reporting Individual's Name
Deborah D Pryce

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
S	Real Estate Sale Through Pyramid Investments (Alkaire)		x							4		
S	GED Agency	Liquidated			6-92							
S	Docucom, Inc.	x			8-92							

Reporting Individual's Name

Deborah D Pryce

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
	NONE								

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see Instructions, page 22

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Reporting Individual's Name
Deborah D Pryce

SCHEDULE VII – FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Spouse	4 Days
	NONE						

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Reporting Individual's Name
Deborah D Pryce

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Trustee	Ohio Judicial College

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1978	State of Ohio Public Employees Retirement Under Chapter 145.01 of Ohio Revised Code	Qualified retirement plan to begin at retirement at age 65

GPO: 1992 50-635A (m)

D. Pryce

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Merrill Lynch

RCMA™ for Business Retirement Plans Monthly Statement

Account No.	Taxpayer No.	Page	Statement Period
656-05051	299-46-3616	2 OF 4	11/28/92 TO 12/31/92

RANDY L WALKER
340 E. GAY STREET

Investments

Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Current Market Value	Estimated Current Yield %	Estimated Annualized Income	Estimated Accrued Interest
EQUITIES							
**BANC ONE CORP OHIO	ONE	93	53.125	$4,940	2 40	$119	
HUNTNGTN BANCSHARES	HBAN	65	22.750	$1,478	3.16	$47	
EQUITABLE CAPITAL PARTNERS RETIREMENT FUND LP 88		4	798.000	$3,192			
SUBTOTAL				$9,610		$166	
MUTUAL FUNDS & UNIT INVEST TRUSTS							
ML BASIC VALUE FUND CL B		343.6910	20.210	$6,885	2 26	$156	
TOTALS FOR PRICED INVESTMENTS				$16,495.00		$322	
CASH				$1.24			
MONEY ACCOUNTS: CMA MONEY FUND				$1,314.00			
Priced Portfolio				$17,810.24			

Daily Account Activity

Date	Transaction	Description	Quantity	Price	Amount	Cash and CMA Money Accounts
11/28		*Opening Balance*				$1,311.44
12/23	* DIVIDEND	ML BASIC VALUE FUND/CL B			$76.68	
12/23	REINVESTMENT	ML BASIC VALUE FUND/CL B			-$76.68	
12/23	* LG TM CAP GAIN	ML BASIC VALUE FUND/CL B			$28.27	

CONTINUED ON NEXT PAGE

We urge you to keep this statement with your investment records.

Please advise your Financial Consultant promptly of any discrepancies or omitted transactions or investment activity on your statement of account or if you contemplate changing your address. Based on correspondence relating to open notices to the office serving your account, for all other questions about your statement, contact your Financial Consultant or write or call us at Merrill Lynch CMA Operations, New Brunswick, NJ 08903-9000. When making inquiries, have your account number ready to expedite a speedy response.

Merrill Lynch, Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

05-06-12:56 614-228-5628

D. Pryce

Merrill Lynch

RCMA™ for Business Retirement Plans
Monthly Statement

Summary Page

December 1992

Account No.	Taxpayer No.	Page	Statement Period
656-05051	299-46-3616	1 OF 4	11/28/92 TO 12/31/92

Your Financial Consultant	Office Serving Your Account	Questions?
THOMAS C PULERI FC#9699 (614) 225-3133	100 E. BROAD ST. COLUMBUS OHIO 43215	Call Your Financial Consultant OR 1-800-637-9262

RANDY L WALKER
340 E. GAY STREET
COLUMBUS OHIO 43215-3213

Account Summary

Opening Balance	Closing Balance	Borrowing Power	Market Value	Total Money Funds	Estimated Accrued Interest	Priced Portfolio
$1.44	$1.24	$0.00	$16,495	$1,314.00	$0	$17,810.24

Special Monthly and Year-to-Date Information

Description		This Statement	Year to Date
DIVIDENDS:	CMA MONEY FUND	$3.80	$26.42
	LONG TERM CAPITAL GAINS	$28.27	$107.05
	INVESTMENTS	$76.68	$310.46
	SUBTOTAL	$108.75	$443.93

FOR A COPY OF OUR 1993 GLOBAL INVESTMENT OUTLOOK REPORT, CALL 1-800-637-7455, EXT. 4559, OR ASK YOUR FINANCIAL CONSULTANT.

We urge you to keep this statement with your investment records.

Please advise your Financial Consultant immediately of any discrepancies or questions concerning any transaction or investment activity on this statement or your account or if you contemplate changing your address. Send all correspondence relating to these matters to the office serving your account, for an other questions about your statement, or call us toll-free by telephone at 1 800 637 5342 or in writing to Merrill Lynch CMA Operations, New Brunswick, N.J. 08903-9000. Please mention your account number when you write us or call us for assistance of any kind.

Merrill Lynch, Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

'93-05-06 12:56 614-228-5628

D. Pryce

Merrill Lynch

RCMA™ for Business Retirement Plans Monthly Statement

Account No	Taxpayer No	Page	Statement Period
656-05051	299-46-3616	3 OF 4	11/28/92 TO 12/31/92

RANDY L WALKER
340 E. GAY STREET

Daily Account Activity/Continued

Date	Transaction	Description	Quantity	Price	Amount	Cash and CMA Money Accounts
12/23	REINVESTMENT	ML BASIC VALUE FUND/CL B			-$28 27	
12/23	DIVD REINV	ML BASIC VALUE FUND CL B AGENT REINV AMOUNT $28.27 REINV PRICE $19.74 QUANTITY BOT 1 4320	1			
12/23	DIVD REINV	ML BASIC VALUE FUND CL B AGENT REINV AMOUNT $76.68 REINV PRICE $19.74 QUANTITY BOT 3.8840	4			$1,311.44
12/31	SHARE DIVIDEND	CMA MONEY FUND	3			
12/31	CASH DIVIDEND	CMA MONEY FUND FROM 11-26 THRU 12-31			$.80	$1,315.24
12/31		*Closing Balance*				$1,315.24

CMA Money Fund Activity Details

Date of Balance Change	Transaction	Number of Fund Shares @ $1.00/Share	Balance @ $1.00/Share
11/28	*Opening*		$1,310.00
11/30	BOUGHT	1	$1,311.00
12/31	SHARE DIVIDEND	3	$1,314.00
12/31	*Closing*		$1,314.00

EFFECTIVE YIELD: 2.95%

We urge you to keep this statement with your investment records.

Please advise your Financial Consultant immediately of any discrepancies or securities transactions or investment activity on your this statement or account or if you misplace or change your address. Send all correspondence relating to these matters to the office serving your account. For all other questions about your statement or account, please call us at 800 637 [illegible] or write to Merrill Lynch CMA Operations, New Brunswick, N.J. [illegible] between [illegible]

1993-05-05 12:55 614-228-3628

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

12-31-
457-8727

Statement of Retirement Account

ACCOUNT #	F/C #	PAGE #	SOCIAL SEC #
656 92C87	9699	1	294-50-5500

STATEMENT PERIOD	EIN NUMBER
01/01/93 TO 03/26/93	00-0000000

FINANCIAL CONSULTANT	ACCOUNT TYPE
THOMAS C PULLERI (614) 225-3133	IRA

OFFICE SERVING YOUR ACCOUNT
100 E. BROAD ST.
COLUMBUS OHIO 43215

MLPFR S CUST FBO
DEBORAH PRYCE IRA
FBO DEBORAH PRYCE
5602 RIVERSIDE DR
DUBLIN OH 43017

** 43017-1547

***** SUMMARY OF YOUR IRA PLAN *****

VALUATION OF PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 12/31/92. . . .	$8,518.77	THIS PERIOD	$18.50CR
AS OF 03/26/93. . . .	$8,798.27	THIS YEAR	$18.50CR

***** MONEY ACCOUNT QUARTERLY DIVIDEND/INTEREST RECAP *****

MONEY ACCOUNT	JANUARY	FEBRUARY	MARCH	CURRENT MONTH'S EFFECTIVE YIELD
ML RETIREMENT RESERVES	$6.53	$6.15	$5.82	2.83

***** YOUR DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
01 01	OPENING BALANCE			$.29CR
01 05	DIVD REINV	30 MFS EMERGING GROWTH FD AGENT REINV AMOUNT $585.03 REINV PRICE $19.90000 QUANTITY BOT 29.3985		
03 26	CLOSING BALANCE			$.29CR

***** YOUR INVESTMENTS *****

INVESTMENTS IN YOUR ACCOUNT	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
316.0381 MFS EMERGING GROWTH FD	19.320	$6105		
TOTAL MARKET VALUE OF PRICED INVESTMENTS		$6105		

MONEY ACCT POSITIONS @ $1.00 PER SHARE	OPENING BALANCE AS OF 01/01	CLOSING BALANCE AS OF 03/26	DIVIDENDS/INTEREST THIS PERIOD	YEAR TO DATE
ML RETIREMENT RESERVES	$2,674.48	$2,692.98	$18.50	$18.50

LOOKING FOR WAYS TO MINIMIZE YOUR 1993 TAXES? ASK YOUR MERRILL LYNCH FINANCIAL CONSULTANT FOR TAX-CUTTING IDEAS THAT MAY FIT YOUR FINANCIAL PLAN.

D. Pryce

END OF STATEMENT MARCH, 1993

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries please mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms.

CODE 5029 (REV 10 92)

Merrill Lynch

D. Pryce

Merrill Lynch

RCMA™ for Business Retirement Plans
Monthly Statement

P. 1

Summary Page

December 1992

Account No.	Taxpayer No.	Page	Statement Period
656-05051	299-46-3616	1 OF 4	11/28/92 TO 12/31/92

Your Financial Consultant	Office Serving Your Account	Questions?
THOMAS C PULERI FC#9699 (614) 225-3133	100 E. BROAD ST. COLUMBUS OHIO 43215	Call Your Financial Consultant OR 1-800-637-9262

RANDY L WALKER
340 E. GAY STREET
COLUMBUS OHIO 43215-3213

Account Summary

Opening Balance	Closing Balance	Borrowing Power	Market Value	Total Money Funds	Estimated Accrued Interest	Priced Portfolio
$1.44	$1.24	$0.00	$16,495	$1,314.00	$0	$17,810.24

Special Monthly and Year-to-Date Information

Description			This Statement	Year to Date
	DIVIDENDS:	CMA MONEY FUND	$3.80	$26.42
		LONG TERM CAPITAL GAINS	$28.27	$107.05
		INVESTMENTS	$76.68	$310.46
		SUBTOTAL	$108.75	$443.93

'93-05-06 11:59 614-228-5628

FOR A COPY OF OUR 1993 GLOBAL INVESTMENT OUTLOOK REPORT, CALL 1-800-637-7455, EXT. 4559, OR ASK YOUR FINANCIAL CONSULTANT.

We urge you to keep this statement with your investment records.

Please advise your Financial Consultant immediately of any discrepancies or unauthorized transactions or unofficial activity on your statement of account or if you anticipate changing your address. Send all correspondence relating to these matters to the office serving your account. For all other questions about your statement, direct inquiries by telephone to 1-800-637-9262 or in writing to Merrill Lynch CMA Operations, New Brunswick, NJ 08903-0886. Please detach this section if you do not wish to have your name and address on file with the authorities of any state.

Merrill Lynch, Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

2738

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

MAY 12

James H. Quillen
(Full Name)

102 Cannon House Office Building
(Mailing Address)

Washington, D. C. 20515 — Daytime Telephone 202-225-6356

Filer Status	[X] Member of the U.S. House of Representatives	State Tennessee District First	[ ] Officer or Employee	Employing Office.
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

MC (9)

HAND DELIVERED
(Office Use Only)

2739

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.** (See notation on Schedule I)	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: James H. Quillen

DATE (Month, Day, Year): 5/12/93

Reporting Individual's Name

James H. Quillen

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Tennessee Consolidated Retirement System	Pension	5,883
	(Instructions state that pensions from prior employers must be		
	reported, but will not be counted against the earned income limit.)		

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name
James H. Quillen

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages. See Instructions, page 13

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug. 13, 1992	$500
	American Maritime Officers Service MEBA 2	Speech	January 8, 1992	2,000
	National Association of Letter Carriers	Speech	January 9, 1992	2,000
	Philip Morris Companies, Inc.	Speech	August 12, 1992	2,000
	GenCorp., Aerojet Ordnance Tennessee	Speech	September 3, 1992	2,000
	Tobacco Institute	Speech	October 6, 1992	2,000

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Reporting Individual's Name

James H. Quillen

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14-19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
	Thomas Nelson, Inc., common stock								X				X											X						
	Thomas Nelson, Inc., Class B common						X						X									X								
	Model City Investment Company stock									X		X Book Value								X										
	Executive Park National Bank stock				X															X										
	Ice Dream International stock		X																	X										X Sold for $1.
	Centour Industries, Inc. stock					X							X										X							

For additional assets and unearned income, use next page

Schedule III

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: James H. Quillen

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
	Eastman Kodak Company stock						X					X											X						
	Hilliard-Lyons Cash Equivalent Fund		X									X								X									
	HERFED - Heritage Federal Trust Dept.				X							X									X								
	Fall Corporation stock				X							X										X							X Purch.3/30
	Allaghany Power System, Inc. stock				X							XX										X							X Purch.5/19
	Delmarva Power and Light stock				X							X										X							X Purch.5/19
	T W Holdings Incorporated stock																		X										X Purch.6/29
	First Tennessee Bank stock				X									X								X							
	Home Federal Banking								X					X										X					
	Heritage Federal Bank	X												X	X											X	X		XPur.1/1 XSold 6/16
	Tenn Municipal bonds (Hilliard-Lyons)								X					X												X			XPurchases XRedemptions
	STHARCO note receivable							X						X												X			
	Johnson City Insurance Agency - Wofford																												
	Bros. note receivable							X						X											X				
	Douglas M. Sizemore note receivable							X						X										X					

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: James H. Quillen

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Non-competitive agreement - STHARCO							X										non-compet. agreement							X				
	Non-competitive agreement - Johnson																												
	City Insurance Agency - Wofford Bros.							X										non-compet. agreement							x				
	Land - E. Stone Drive, Kingsport, TN									X									X										
	Oil royalties - Oklahoma			X														Oil royalties			X								
	First Tennessee Bank Individual retirement accounts			X														IRA distribution			X								
S	First Tennessee Bank Individual retirement accounts				X													IRA distribution				X							
S	First Tennessee Bank					X								X								X							
S	Home Federal Bank					X								X									X						
S	Metro Nashville Airport Authority bonds						X							X										X					
S	Manulife Financial 401-K retirement plan				X													401-K pension					X						

Reporting Individual's Name: James H. Quillen

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Tennessee Housing Development Issue bonds redeemed		X		1/2/92						X	
	Tennessee Housing Development Issue bonds redeemed		X		1/6/92	X						
	Hilliard-Lyons Tax Exempt Money Fund	X			1/10/92	X						
	Hilliard-Lyons Tax Exempt Money Fund	X			1/17/92		X					
	Heritage Federal Bank stock	X			1/2/92				X			
	Heritage Federal Bank stock		X		6/16/92					X		
	Hilliard-Lyons Cash Equivalent Fund	X			2/5/92	X						
	Hilliard-Lyons Tax Exempt Money Fund	X			2/14/92	X						
	Hilliard-Lyons Tax Exempt Money Fund	X			3/2/92				X			
	Hilliard-Lyons Tax Exempt Money Fund		X		3/4/92			X				
	Hilliard-Lyons Tax Exempt Money Fund	X			3/10/92	X						
	Hilliard-Lyons Tax Exempt Money Fund	X			3/11/92	X						
	Hilliard-Lyons Tax Exempt Money Fund	X			3/16/92	X						
	Pall Corporation stock	X			3/30/92				X			
	Hilliard-Lyons Tax Exempt Money Fund	X			4/6/92	X						
	Hilliard-Lyons Tax Exempt Money Fund		X		4/6/92				X			
	Hilliard-Lyons Tax Exempt Money Fund	X			4/13/92	X						

Reporting Individual's Name

James H. Quillen

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 30.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Hilliard-Lyons Tax Exempt Money Fund	X			4/20/92				X			
	Hilliard-Lyons Tax Exempt Money Fund	X			5/12/92	X						
	Hilliard-Lyons Tax Exempt Money Fund	X			5/13/92	X						
	Hilliard-Lyons Tax Exempt Money Fund		X		5/20/92				X			
	Allegheny Power System, Inc., stock	X			5/19/92		X					
	Delmarva Power & Light Co. stock	X			5/19/92		X					
	Hilliard-Lyons Tax Exempt Money Fund	X			6/5/92			X				
	Hilliard-Lyons Tax Exempt Money Fund		X		6/12/92			X				
	Hilliard-Lyons Tax Exempt Money Fund		X		6/12/92				X			
	Hilliard-Lyons Tax Exempt Money Fund		X		6/12/92				X			
	Anderson County, TN G.O. bond (matured)		X		6/22/92					X		
	Hilliard-Lyons Tax Exempt Money Fund	X			6/23/92					X		
	Hilliard-Lyons Tax Exempt Money Fund	X			6/25/92	X						
	T W Holdings Incorporated stock	X			6/29/92				X			
	T W Holdings Incorporated stock	X			6/29/92			X				
	Tennessee Housing Development Issue I	X			6/30/92							X
	Hilliard-Lyons Tax Exempt Money Fund		X		7/1/92						X	

Reporting Individual's Name

James H. Quillen

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 29.

S, SC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000 -
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	Tennessee Housing Development Issue I bonds		X		7/1/92						X	
	Hilliard-Lyons Tax Exempt Money Fund	X			7/2/92				X			
	Hilliard-Lyons Tax Exempt Money Fund	X			7/2/92			X				
	Hilliard-Lyons Tax Exempt Money Fund	X			7/6/92	X						
	Hilliard-Lyons Tax Exempt Money Fund		X		7/6/92			X				
	Hilliard-Lyons Tax Exempt Money Fund		X		7/7/92				X			
	Tennessee Housing Development Authority bonds		X		7/7/92		X					
	Hilliard-Lyons Tax Exempt Money Fund	X			7/8/92		X					
	Hilliard-Lyons Tax Exempt Money Fund	X			7/9/92	X						
	Shelby County, TN, H&E & HSG Series C bonds		X		8/1/92			X				
	Hilliard-Lyons Tax Exempt Money Fund	X			8/4/92				X			
	Hilliard-Lyons Tax Exempt Money Fund		X		8/5/92			X				
	Hilliard-Lyons Tax Exempt Money Fund		X		9/15/92	X						
	Hilliard-Lyons Tax Exempt Money Fund.	X			10/5/92	X						
	Hilliard-Lyons Tax Exempt Money Fund		X		12/7/92		X					

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1992

FORM A
For use by Members, officers, and employees

1993 APR 22 PM 3:09
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC 9
(Office Use Only)

JACK QUINN
(Full Name)

331 CANNON OFFICE BUILDING
(Mailing Address)

WASHINGTON, DC 20515

Daytime Telephone: 202-225-3306

Filer Status	[X] Member of the U.S. House of Representatives	State: NY District: 30	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of more than $200 from any source in the reporting period? **If yes, Complete and Attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, Complete and Attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, Complete and Attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, Complete and Attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, Complete and Attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, Complete and Attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, Complete and Attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, Complete and Attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, Complete and Attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See instructions, page 10.)	Yes [ ]	No [X]
EXEMPTION – Have you excluded from the report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL Jack Quinn	**DATE (Month, Day, Year)** 4-22-93

2748

Reporting Individual's Name
JACK QUINN

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 12.

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	TOWN OF KAMBURG - TOWN SUPERVISOR	SALARY	56,893
	MERCY HOSPITAL - OPERATING ROOM TECHNICIAN	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II

Schedule I

Reporting Individual's Name

JACK QUINN

SCHEDULE II—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages See Instructions, page 13

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash , D C	Speech	Feb. 2, 1992	$2,000
	XYZ Magazine	Article	Aug 13, 1992	$500
	NONE			

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Reporting Individual's Name
JACK QUINN

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs. For rental property or land, provide the city and a street address or lot number.

In **BLOCK B** indicate the category of value for each asset listed in Block A. If you use a valuation method other than fair market value, explain the method used. If an asset was sold and is included only because it generated income, the value should be "None".

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are *not* self-directed, you may list only year end value and indicate "NA" for income. You must, however, name the institution holding the IRA.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details on Schedule IV. For more details, see Instructions, pages 14–19.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, or owned jointly, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 17.

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)										Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
	C.D. KEY BANK NA				X								X									X								
JT	PERSONAL SAVINGS, KEY BANK NA				X								X								X									X
DC	MONEY MARKET, FIRST ALBANY CORP				X											X						X								X
DC	MONEY MARKET, FIRST ALBANY CORP				X											X						X								X

For additional assets and unearned income, use next page

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JACK QUINN

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) in the left column. This column is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	NONE																											

Schedule III—Continuation

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Reporting Individual's Name: JACK QUINN

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouses, or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 20.

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-92			X				
	GLAXO STOCK 200 SHARES		X		11-12-92	X						
	BARD CR STOCK 100 SHARES		X		11-12-92	X						
	CIS TECH STOCK 100 SHARES		X		11-12-92	X						
DC	AMCAP MUTUAL FUNDS -(JACK III)		X		11-12-92	X						
DC	AMCAP MUTUAL FUNDS - (KARA)		X		11-12-92	X						
	HAMBURG CREDIT UNION -- (CLOSED ACCOUNT)											
DC	NEW PERSPECTIVES MUTUAL FUNDS -(JACK III) →		X		11-12-92	(LESS THAN $1,000)						
DC	NEW PERSPECTIVES MUTUAL FUNDS - (KARA) →		X		11-12-92	(LESS THAN $1,000)						

Reporting Individual's Name
JACK QUINN

SCHEDULE V—LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	NONE								

SCHEDULE VI—GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 in value received by you, your spouse, or a dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold. Gifts to a spouse or dependent child that are totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limits the total value of gifts a Member, officer, or employee of the House may accept from any one source in a calendar year to $250 in most instances. For further information, see instructions, page 22

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Reporting Individual's Name
JACK QUINN

SCHEDULE VII—FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

List the identity of the source and a brief description (including travel itinerary, dates, and nature of expenses provided) of travel and travel related expenses totalling $250 or more in value received by you, your spouse, or a dependent child during the reporting period. Indicate any family member who accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. **Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.**

Exclusions: The following need not be disclosed: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Which Family Member Included?	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	Y	None	N
	ABC Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Spouse	4 Days
	NONE						

This page may be copied if more space is required.

Reporting Individual's Name
JACK QUINN

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
CHAIRMAN (*)	HAMBURG IDA
MEMBER (*)	SOUTHTOWNS SEWER TREATMENT AGENCY

AFTER ELECTION TO THE CONGRESS, I RESIGNED FROM BOTH OF THESE POSITIONS SINCE THE CURRENT TOWN SUPERVISOR ASSUMES THE POSITION

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

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